



MARYVILLE UNIVERSITY
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 St. Louis, Missouri 63141
 314.529.9300
 maryville.edu

**EVALUATION FORM FOR
 SCHOLARSHIP EXTENSION**

To be completed by your University Academic Advisor

Student's Full Name: _____

Student's Saudi I.D.: _____

Student's Current Major/Degree: _____

Academic Advisor's Full Name: _____

Academic Advisor's Email: _____

Academic Advisor's Signature: _____ Date: _____
(MM/DD/YYYY)

1. Total required credit hours for graduation in the student's current major and degree , as prescribed in the Degree Plan of the current major/degree of the student. <i>(Please specify whether they are semester or quarter credit hours):</i>	
2. Total transferred credit hours to the student's current major and degree <i>(from Saudi Arabia and/or from ALL other previous Universities the student has attended):</i>	
3. Total counted transferred credit hours , from Saudi Arabia and/or from ALL previous Universities the student has attended, out of those transferred credit hours, in Item 2 above, that specifically meet the Major/Degree requirements towards total graduation hours <i>(any additional credit hours beyond the total prescribed credit hours in the Degree Plan should not be counted here; they should be explained in Item 11 below.)</i>	
4. Total completed and counted credit hours at your University towards total graduation hours, as prescribed in the Degree Plan, as of the last term <i>(not counting credit ours in progress):</i> Specify last TERM/YEAR:	
5. Total counted transferred and completed/counted (Item 3 + Item 4) credit hours at your University that apply towards graduation requirements, as of the last term <i>(not counting the credit hours in progress.)</i> Specify last TERM/YEAR:	
6. Total credit hours currently in progress: Specify current TERM/YEAR:	
7. Total remaining credit hours for graduation, including the credit hours in progress (Item 1-Item 5):	
8. Expected date of graduation in the following format: (MM/DD/YYYY):	
9. Total credit hours actually completed in an online format as of last term , if any: Specify last TERM/YEAR:	
10. Total credit hours the student is currently taking in this term in an online format: Specify current TERM/YEAR:	
11. Reasons for any delay in completing the prescribed courses for graduation , if any; and the reason for exceeding the total required credit hours for graduation, if any:	