



SULTANATE OF OMAN - CULTURAL DIVISION

**UNDERGRADUATE STUDENT ACADEMIC INFORMATION FORM**

(TO BE FILLED BY THE STUDENT AND CONFIRMED BY THE ACADEMIC ADVISOR IN THE PROGRAM OF STUDY)

STUDENT NAME: \_\_\_\_\_

DEGREE/MAJOR: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

TOTAL # OF CREDIT HOURS REQUIRED BY PROGRAM: \_\_\_\_\_

EXPECTED COMPLETION OF STUDY DATE: \_\_\_\_\_

CREDITS EARNED: \_\_\_\_\_ CURRENT GPA: \_\_\_\_\_

CREDITS REMAINING: \_\_\_\_\_ CUMULATIVE GPA: \_\_\_\_\_

SEMESTER : \_\_\_\_\_

#	Course Title	# of credit hours

NAME OF THE ADVISOR OF THE RESPECTIVE STUDENT: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BY SIGNING THIS FORM, I CONFIRM THAT THE INFORMATION IS CORRECT AND THE COURSES CHOSEN ARE IN LINE WITH THE STUDENT'S MAJOR & PROGRAM REQUIREMENTS.**

SIGNATURE OF ACADEMIC ADVISOR

DATE

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