



SULTANATE OF OMAN – CULTURAL DIVISION

UNDERGRADUATE STUDENTS ACADEMIC INFORMATION FORM

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

STUDENTS NAME: _____

DEGREE/ MAJOR: _____

UNIVERSITY: _____

TOTAL # OF CREDIT HOURS REQUIRED BY THE PROGRAM: _____

EXPECTED COMPLETION OF STUDY DATE: _____

CREDITS EARNED: _____ CURRENT GPA: _____

CREDITS REMAINING: _____ CUMULATIVE GPA: _____

SEMESTER: _____

#	Course Title	# of credits hours

NAME OF THE ADVISOR OF THE RESPECTIVE STUDENTS: _____

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
