

STUDY FORM

Name :

Address :

Tel. : E-mail :

Scholarship agency : Degree : Major :

Currently enrolled at :

I have have not finished my coursework.

Total credits required for the degree :

Total credits earned :

Anticipated date of degree completion :

I would like **to seek permission from OEA to attend summer class (es)**

at the currently enrolled university

I plan to take the following courses : **(Audit or recreational course (s) is/are NOT permitted.)**

COURSE TITLE	CLASS SESSION		CREDIT UNITS
1.	from	to	
2.	from	to	
3.	from	to	
4.	from	to	

Tuition fees (approximate) \$

Student's signature **Date**

Recommendation: (This part is required and MUST be completed by the academic advisor)

[The course(s) indicated above is/are degree requirements

[The course(s) indicated above is/are **NOT** audit or recreational course(s)

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Advisor's signature **Date**

Advisor's Full Name :

Advisor's Tel. : e-mail