

Department: Please place the following information on your letterhead with signature block, and email the completed form to the student as a .pdf file

To Whom It May Concern
Embassy of Saudi Arabia
Cultural Mission to the USA
8500 Hilltop Road #4033
Fairfax, VA 22031

Scholarship Division:

EXTENSION REQUEST

Student:
SACM ID #:

Admitted to Kansas State University:
Current Field of Study: Bachelor in
Proficient in English: yes

___ Total Credits required to complete program of study:

___ Total credits transferred from ___ University

___ Total credits completed at KSU to date

___ Total number of completed developmental/Pre-requisite credit (if any)

___ Total number of credits applied to degree requirements

___ Total number of other credits NOT used to meet degree requirements

___ Online or hybrid credits passed

Number of credits needed to complete ___ degree

Expected date of Graduation: By taking advantage of our summer and regular semesters, ___ should complete all degree requirements by _____.

Spring 2016 Semester Dates: January 19, 2016 to May 13, 2016.

Summer 2016 Semester Dates: May 23, 2016 to July 29, 2016

University / Advisor Comments:

Please send the financial guarantee to the Sponsored Students office when the student's scholarship is approved!

zwendy@ksu.edu

If I can provide additional information, please contact me.

Sincerely,