\*\*Department Advisor – Please put the following information on your department letterhead\*\*

 Date:

To Whom It May Concern

Embassy of Saudi Arabia

Cultural Mission to the USA

8500 Hilltop Road #4033

Fairfax, VA 22031

Request Type: MAJOR CHANGE - CHANGE SCHOOL – TRANSFER IN REQUEST

Student:

SACM ID #:

WILDCAT ID#

Current Field of Study: Bachelor in

Proposed Field of Study: Bachelor of

Minor (if any)

1. Total Credits required to complete program of study
2. Total number of credits completed including transfer
3. Total number of completed developmental/Pre-requisite credit (if any)
4. Total credits transferred from ­­­­­\_\_\_\_\_ University
5. Total transfer credits applied to degree requirements:
6. Total number of credits remaining to graduate (including currently enrolled hours)
7. Online or hybrid credits passed
8. Expected date of Graduation:

Semester Dates:

University / Advisor Comments:

Please send the financial guarantee letter to Viktoria Gramp at elguina@ksu.edu

\*\*Please sign with your signature block and email the letter to the student and elguina@ksu.edu as a PDF. Thank you! \*\*