TRAINING AND ACADEMIC PROGRESS UPDATE REPORT

The deadline for sending in the Report form by **January 15**. the Embassy reserves the right and has the authority to withhold your stipend if the form is not received by the stated deadline.

Send this form with your *end of term Grade Report or Transcript* to the attention of: -

The Education Attaché  
Embassy of Botswana  
1531-1533 New Hampshire Avenue NW  
Washington, DC 20036

Please make sure that the form: -

1. Is fully completed. *Incomplete forms shall be returned back to sender.*
2. Has the required signatures and comments from you and your academic advisor.
3. Reaches the Education Attaché together with the grade report/transcript by **January 15**.
4. Has the Department stamp (The forms with no stamp will not be accepted).

**THERE ARE NO EXCEPTIONS TO THE REQUIREMENTS OF THIS FORM**

**FAXED FORMS and GRADE REPORTS/TRANSCRIPT ARE NOT ACCEPTED.**
TRAINING AND ACADEMIC PROGRESS UPDATE REPORT

Reminder: Include your Fall term Grade Report and/or Transcript.

Name

INSTITUTION:

SPONSOR:

Degree:

Major:

Beginning of External scholarship: month day year

Estimated date of completion: month day year

Trainee’s Address Information

Mailing Address:

Telephone number:

E-mail address:

Course Registration Information

I completed the following courses in the last term:

200.

Starting date(s): Ending date(s): 

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<tr>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
<th>MEETS DEGREE REQUIREMENT</th>
<th>GRADE</th>
<th>NO. OF CREDITS</th>
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Total:
Courses in which I am now enrolled in for this term of ____________

Starting date(s): ____________________________
Ending date(s): ____________________________

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Comments on academic issues  (Please comment on any aspects of your academic progress / status / Program that You consider to be particularly significant and worth noting by your sponsor).

Signature (Trainee)  ____________  month/day/year

This section is to be completed by the academic advisor.

The Embassy of Botswana-Education Attaché has to monitor all students whose scholarships are sponsored by the Government of Botswana. The monitoring has to be done on a regular basis for the purpose of verifying the students’ continued academic progress and compliance with the Sponsor’s conditions of training. You are therefore kindly requested to complete the section below. Please note that students are supposed to do one degree/major only and they are not allowed to change majors without a written permission from their sponsor.

For questions and clarifications concerning this document, please feel free to contact the Embassy of Botswana- Education Attaché’s office at Tel. # (202) 244-4990/1.

Your understanding is greatly appreciated.

Thank you!

*   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *   *  

Academic Advisor’s Name ________________________________________________________________
Tel. # ____________________________  Fax # ____________________________
E-mail address _____________________________________________________________

Trainee’s Information:

Name: ____________________________________________
Degree: ______________________ Program Title/Major ______________________
Estimated date of completion __________________________
Term GPA _____________________ Cumulative GPA _____________________

ACADEMIC TOTALS

Total Number of credits required for the degree __________________________
Total Number of Transfer credits

Total Number of earned credits (Including Transfer credits)

How many of the above credits do satisfy the degree requirements?

Total Number of credits remaining to complete the degree requirements

Comments (Please comment on any aspects of the trainees’ academic progress that you consider worth noting).

Academic Advisor, Please note that your signature confirms that you have checked and thus agree with the information reported by the trainee and that the information is true to the best of your knowledge.

______________________________  ________________________________
Signature (Academic Advisor)    Department’s stamp (date)

______________________________
Date