

## **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 \_\_\_\_\_  
Last name
First name
Middle initial

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): \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	MEETS DEGREE REQUIREMENT	GRADE	NO. OF CREDITS
		<b><u>YES</u> or <u>NO</u></b>		
		<b>YES or NO</b>		
		<b>YES or NO</b>		
		<b>YES or NO</b>		
		<b>YES or NO</b>		
				<b>Total:</b>

**Term GPA** \_\_\_\_\_ **Cumulative**  
**GPA** \_\_\_\_\_

Courses in which I am now enrolled in for this term of \_\_\_\_\_  
 \_\_\_\_\_200\_\_\_\_:

Starting date(s): \_\_\_\_\_ Ending date(s): \_\_\_\_\_  
 \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	MEETS DEGREE REQUIREMENTS	NO. OF CREDITS
		<b>YES or NO</b>	
		<b>YES or NO</b>	
		<b>YES or NO</b>	
		<b>YES or NO</b>	
		<b>YES or NO</b>	
			<b>Total:</b>

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