

# ONEIDA INDIAN NATION



## EDUCATION DEPARTMENT

### Doctorate Degree Agreement Form –New Degree Doctoral Students

**To be completed by Student:**

**TODAY'S DATE:** \_\_\_\_\_

<b>Name:</b>	<b>Enrollment #:</b>	<b>Birthdate:</b>
<b>Address:</b>	<b>Phone:</b>	<b>E-mail:</b>
<b>Degree Type (circle 1 of the 2):</b> •Professional Practice Degree <b>OR</b> • Ph.D. If you circled Professional Practice above, please list your specific Degree: _____		<b>Field of Study/Program:</b>
<b>Name of Educational Institution:</b>	<b>Address of Educational Institution:</b>	
<b>Name of Academic Advisor:</b>	<b>E-mail Address of Academic Advisor:</b>	
<b>Educational Institution Academic Calendar System (circle 1 of the 5 options listed):</b> • Semesters   • Trimesters   • Quarters   • Sessions, Please list # sessions: _____.   • Other, Please list: _____.		
<b>Registration Status (circle one):</b> • Full-Time   • Part-time   • A combination of Both, depending on the term If you circled <b>both</b> above, please list the number of terms you will be full-time: _____ & the number terms you will be part-time: _____		
<b>Total number of credits required to complete the degree:</b> _____	<b>Total number of academic terms (based on educational institution academic calendar system circled above) needed to earn degree:</b> _____	
<b>Which of the following best describes the courses for which you will be registered throughout the duration of your degree? (circle one)</b> • ALL of my classes are planned to be ON-CAMPUS. • ALL of my classes are planned to be ONLINE. • ALL of my classes are planned to be HYBRID-format, with lectures online, but tests/exams/labs/other requirements are completed ON-CAMPUS. • SOME of my classes are planned entirely ONLINE and SOME are planned entirely ON-CAMPUS. • SOME of my classes are planned entirely ONLINE and SOME of my classes are planned to be HYBRID-format with lectures online but tests, exams, and labs are completed on-campus. • SOME of my classes are ONLINE, SOME are HYBRID-format with lectures online, but tests/exams/labs/other requirements completed on-campus, and SOME are entirely ON-CAMPUS.		
<b>What is the date of your very first day of classes toward this degree?</b>  _____ MM / DD / YYYY	<b>What is your estimated date of completion of academic courses?</b>  _____ MM / DD / YYYY	<b>What is your estimated date for earning your degree?</b>  _____ MM / DD / YYYY

Describe any other relevant requirements/circumstances in relation to the duration of your degree program:

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Further Instructions:

- E-mail this form to the Scholarship Program Coordinator, who will complete the next section. After which, the Scholarship Program Coordinator will e-mail back to you. From there, you will read and sign the agreement. Save a copy of the document to upload this agreement to your online Scholarship application for every term in which you apply for funding.
- Please ensure to ALSO submit an overall estimated remaining plan of study (to be completed with your academic advisor), with your Scholarship Program Application.

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**To be completed by Scholarship Program Coordinator:**

**Total number of terms Nation will fund for degree:**

\_\_\_\_\_ Full-Time    AND / OR    \_\_\_\_\_ Part-time

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This agreement serves as a binding contract between \_\_\_\_\_, hereafter referred to as “student,” and the **Oneida Indian Nation**. By signing this agreement, the student accepts the scholarship and agrees to adhere to the terms of funding listed above and the following requirements until the agreed date of \_\_\_\_\_.

The student understands that if additional time/terms beyond the allotted funding are needed, or if the student is granted a completion extension by the educational institution, the student will be financially responsible for all costs accrued thereafter. The student further understands that a violation of the following requirements will result in a termination of the scholarship and may require repayment.

The Student is being awarded the Oneida Indian Nation Scholarship for the express purpose of the student’s enrollment in the \_\_\_\_\_ program at \_\_\_\_\_. This scholarship is valid for \_\_\_\_\_ (#full-time/part-time) terms as a matriculated student.

To keep the scholarship, the Student will do the following:

- Submit a plan of study for the program
- Submit course schedule at the beginning of each term funded
- Maintain a 2.01+ GPA
- Pay the remainder of the balance due to the school
- Submit an official transcript at the end of each term funded
- Submit a copy of the degree received at the end of the program

Any additional requirements/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Education Programs Sr. Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioner of Nation Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_