

ONEIDA INDIAN NATION



EDUCATION DEPARTMENT Doctorate Degree Agreement Form – Returning Students

To be completed by Student:

TODAY'S DATE: _____

Name:	Enrollment #:	Birthdate:
Address:	Phone:	E-mail:
Degree Type (circle 1 of the 2): •Professional Practice Degree OR • Ph.D. If you circled Professional Practice above, please list your specific Degree: _____		Field of Study/Program:
Name of Educational Institution:	Address of Educational Institution:	
Name of Academic Advisor:	E-mail Address of Academic Advisor:	
Educational Institution Academic Calendar System (circle 1 of the 5 options listed): • Semesters • Trimesters • Quarters • Sessions, Please list # sessions: ____ • Other, Please list: ____		
Registration Status (circle one): • Full-Time • Part-time • A combination of Both, depending on the term If you circled both above, please list the number of terms you will be full-time: _____ & the number terms you will be part-time: _____		
Total number of credits required to complete the degree: _____ Number of credits completed to date: _____ Total number of credits & any other requirements remaining: _____		
Which of the following best describes the courses for which you will be registered for the remainder of your degree? (circle one) • 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.		
What was the date of your very first day of classes toward this degree? ____ / ____ / ____ MM / DD / YYYY	What is your estimated date of completion of academic courses? ____ / ____ / ____ MM / DD / YYYY	What is your estimated date for earning your degree? ____ / ____ / ____ MM / DD / YYYY

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

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.

To be completed by Scholarship Program Coordinator:

<p>Total number of terms Nation funds for this degree-type:</p> <p>• Semesters • Trimesters • Quarters • Sessions, Please list # sessions: ____ • Other, Please list: ____.</p> <p>_____ Full-Time AND / OR _____ Part-time</p>
<p>Number of terms already funded by Nation:</p> <p>• Semesters • Trimesters • Quarters • Sessions, Please list # sessions: ____ • Other, Please list: ____.</p> <p>_____ Full-Time AND / OR _____ Part-time</p>
<p>Remaining terms to be funded:</p> <p>• Semesters • Trimesters • Quarters • Sessions, Please list # sessions: ____ • Other, Please list: ____.</p> <p>_____ Full-Time AND / OR _____ Part-time</p>

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 _____ (degree study) program at _____ (educational institution).

This scholarship is valid for _____ (number of full-time/part-time) **REMAINING** terms as a matriculated student.

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

- Sign and return this agreement
- Submit a plan of study for the program
- Submit course schedule at the beginning of each term funded
- Maintain a 2.01+ GPA each term
- Submit an official transcript at the end of each term funded
- Apply for funding each term through the online application
- Pay any remainder of the balance due to the school
- Submit a copy of the degree received at the end of the program

Any additional requirements/comments: _____

Student’s Signature: _____ Date: _____

Scholarship Program Coordinator Signature: _____ Date: _____

Education Programs Sr. Manager Signature: _____ Date: _____

Commissioner of Nation Administration Signature: _____ Date: _____