



2008-09 Financial Aid

Financial Aid Degree Audit

Student: _____ Student ID: _____

Program of Study: _____

Degree Sought: _____ Catalog Year: _____

Immediate Educational Goal: (circle one)

Certificate Associate Degree Transfer Bachelor Degree

- A) Total catalog hours required for degree _____
- B) Total cumulative hours attempted* + all transfer hours accepted _____
 *include all hours attempted regardless of major
- C) Remaining hours needed to complete degree _____
- D) A x 150% _____
- E) B + C _____
- F) D – E _____
- G) Schedule of Remaining Coursework (Use additional paper as necessary)

Semester / Year	/	/	/
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			
Course / Credit hours			

H) Anticipated Graduation Date (Semester / Year): _____

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____