FERRIS STATE UNIVERSITY
Office of Scholarships & Financial Aid

SAP (Satisfactory Academic Progress) – PROGRAM AUDIT FORM 2009-2010

Student: **Please complete Section 1 and send the Program Audit Form to your Academic College for completion of Section 2**

Section 1:

Name: _____ Student ID Number: _____

Email: _____ Phone: _____

Program Being Evaluated: _____

Program Degree type: _____ Bachelors Degree _____ Associates Degree

_____ Certificate Program _____ Graduate Degree

These may be obtained by viewing your official or unofficial transcripts.

Institutional Attempted Hours: _____

Institutional Earned Hours: _____

Transfer Hours: _____

Student Signature: _____ ***Date*** _____

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Academic College: **Please complete Section 2 and return the Program Audit Form to the Office of Scholarships and Financial Aid, CSS 101**

Section 2:

- Total Number of Institutional & Transfer Hours that **DO NOT** apply to the degree the student is currently seeking: _____ (This is in reference to the hours reported in Section 1)
- Total Number of Hours Remaining to Earn Degree: _____
- Expected Graduation Date for program evaluated: _____

Advisor's Name: _____ Extension: _____

Advisor's Signature: _____ *Date* _____

Comments: _____

Timme Center for Student Services
1201 S. State Street, CSS 101
Big Rapids, MI 49307 FAX 231-591-2950

Kendall College of Art and Design of FSU
17 Fountain Street NW
Grand Rapids, MI 49503 FAX 616-831-9689