

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 Name: _____

_____ 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** _____

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: _____

Advisor's Name: _____ Extension: _____

Academic College Representative: _____ **Date** _____