



Satisfactory Academic Progress Projected Graduation Audit

OFFICE OF FINANCIAL AID

Student's Name (Last, First, M. I.) *Please print.* _____

Student Identification Number _____

This form is required of all undergraduate over hours violators.

Students, please take this to your academic advisor within your major department to be filled out completely.

*** If you are a double degree/major, please complete this form for the degree/major you are still pursuing (if both are not yet complete, you will need to complete two of these projected graduation audit forms, one for each degree/major).**

Degree and Major: _____

Expected Date of Graduation: _____

Please list all of the courses the student must complete for each semester before he/she will be eligible to graduate. Please list only the **REQUIRED** classes needed for the student to graduate. Also, please project the grade point average required before graduation.

Semester and Year:		
Course	Course #	Credits
Total Credits:		
GPA Needed:		

Semester and Year:		
Course	Course #	Credits
Total Credits:		
GPA Needed:		

Semester and Year:		
Course	Course #	Credits
Total Credits:		
GPA Needed:		

Semester and Year:		
Course	Course #	Credits
Total Credits:		
GPA Needed:		

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Semester and Year:		
Course	Course #	Credits
Total Credits:		
GPA Needed:		

Semester and Year:		
Course	Course #	Credits
Total Credits:		
GPA Needed:		

I certified that these courses are necessary to fulfill graduation requirements:
 (This form must be completed by your academic advisor)

 Name (please print) Title

 Department Phone Number

 Signature Date Prepared

Please mail or fax this form to:

**University of Colorado at Boulder
 Office of Financial Aid
 SAP Committee
 77 UCB
 Boulder, CO 80309-0077
 Fax: (303) 492-2226**

