

\_\_\_\_\_  
Student's Name (Last, First, M.I.). **PLEASE PRINT.**

\_\_\_\_\_  
Student Identification Number (SID)

If you are appealing for financial aid because you have exceeded the maximum numbers allowed to complete your degree, complete this form and submit with your appeal. Please note: if you are a double degree/major, complete a separate form for each degree/major you are still pursuing.

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

.....  
(To be completed by academic advisor)

List all of the courses **REQUIRED** for the student to graduate. Also, project the grade point average required to fulfill graduation requirements.

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		
<b>GPA Needed:</b>		

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		
<b>GPA Needed:</b>		

(Continued on back)

# Degree Audit Form

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		
<b>GPA Needed:</b>		

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		
<b>GPA Needed:</b>		

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		
<b>GPA Needed:</b>		

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		
<b>GPA Needed:</b>		

I certified that these courses are necessary to fulfill graduation requirements:

\_\_\_\_\_  
Name of Academic Advisor (please print)

\_\_\_\_\_  
Department Phone Number

\_\_\_\_\_  
Signature Date Prepared

Mail or fax form to:  
**University of Colorado at Boulder**  
**Office of Financial Aid**  
**Attn: SAP Committee**  
**77 UCB**  
**Boulder, CO 80309-0077**  
**FAX: 303-492-2226**