Leeds School of Business
PERCENT TOWARD DEGREE REQUIREMENT (40/60/80)

Please enter the requested information based upon the student-athlete's last semester of completed courses.

Name: ___________________________  Student Identification Number: _________________

Sport: ___________________________  Academic Major: _____________________________

Percent Needed: 40%  60%  80%

Number of Full-Time Semesters Completed: _______________

THIS SECTION TO BE COMPLETED BY COLLEGE DEAN OR REPRESENTATIVE

Total Hours Required for Degree: __________  Number of Degree Credits Earned: __________

TOTAL CREDITS REMAINING:

MAPS:  ENGL____ MATH____ NSCI_____ SSCI____ FLANG_____

Core:  MATH____ WC_____ WC____ (Upper Division) HC_____

CGD_____ USC_____ LA_____ LA____ (Upper Division)

NS_____ CS_____ IV_____

MAPS Total_____

Core Total _______

Non-Business Electives: __________

BCOR: __________

AREA: __________

Business Electives: __________

CUM GPA __________

Total Hours Remaining to Graduate___________

COMMENTS:

I have reviewed the current academic record of the aforementioned student-athlete, and I certify that the remaining hours for graduation stated above is correct.

Signed: _________________________________________  _________________________________________

Academic Advisor  Date  College Representative  Date

This form was calculated for courses completed through Semester: ____________________________________

KL/07/08