

Financial Aid Satisfactory Academic Progress (SAP) Degree Audit Form



Name

Last	First	MI
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VCCS Email Address **Emplid** **Phone Number**

@email.vccs.edu		()
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A completed degree audit form is required of all students who have attempted more than 150 percent of the credit hours required to complete their program of study. You must submit this form with your appeal to be reconsidered for aid.

STUDENT: Please take this form to your faculty advisor. Have your faculty advisor complete the remainder of this form and sign and date. You will also need to sign and date below.

ADVISOR: Please complete the remainder of this form for the student indicated above. List ALL of the courses that the student must complete for his or her program. Sign and date the form.

Program of Study: _____

Total remaining credits needed to complete program: _____ Anticipated date of graduation: _____

Courses not yet completed that are required for graduation	Credits

By signing this form, I certify that these are the courses I need for my program and I understand that I am limited to taking only curricular courses required for completion of my program/plan that is listed on the SAP Appeal Form and Degree Audit Form.

Student's Signature: _____

Date: _____

Faculty Advisor/Academic Dean Signature: _____

Date: _____

Faculty Advisor/Academic Dean Name: _____

Title/Dept: _____

Signatures must be either a "wet" signature or an acceptable electronic signature. They cannot be a typed or cursive font.

Information on acceptable electronic signatures can be found here https://www.reynolds.edu/pay_for_college/financial_aid/forms/Acceptable-Electronic-Signatures-Instructions.pdf