

KCTCS Financial Aid Degree Audit

A completed Degree Audit form is required of all students who have attempted over 150 percent of the credit hours necessary to complete their program of study. This form also is recommended (not required) for any students who are not completing at least 67 percent of the course work that they have attempted and who may be in danger of not completing their credential within 150 percent of the credits necessary for their program of study. Attempted courses include all "W" (withdrawal), "I" (Incomplete), and "R" (Repeat) and all courses in which the student earned a grade of (A, B, C, D, E). The number of Maximum Time Frame (MTF) credit hours does not include remedial courses (*Developmental*), or any course that was dropped prior to the add/drop date for each semester session.

Last Name	First Name	MI Socia	l Security Number	
•	CITY		STATE	
EmplID (Student ID)	· · · · · · · · · · · · · · · · · · ·	nowledgement: I underst	_	
	guarantee au	utomatic reinstatement of m	y Student Financial A	Aid eligibility.
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	Student Signati	ure	L)ate
Student: Please take this form	m along with a conv of v	our academic transcrir	nt to your records c	office or to you
academic advisor in your maj				
of this form. Note that you m				
other documentation to assist				
	-	•	-	
Advisor: Please complete the				
student must complete for his				
forms of your choosing that d	escribes the courses still	required for this stude	nt to successfully g	graduate or cor
her/his program of study.				
~				
Campus				
Student's expected credential _		Anticipated date	of graduation.	1 12
Student's expected credential_		Anticipated date	or graduation:	/ / / 2
Courses not yet completed that	are required for gradue	tion Competer and	Year (if Known)	Credits
Courses not yet completed that	are required for gradual	don Semester and	rear (ii Kilowii)	Credits
Total remaining credits needed	to graduate:			
Records Office or Advisor's Na	ame	Title		
THE STATE OF THE PARTY STATE	······	1100		
Department		Telephone Numbe	r	Ext
D 1000 111 -				
Records Office or Advisor's En	nail Address			
Records Office or Advisor's Signature	anatura		Date	
ACCULUS CHIICE OF AUVISOF'S SI	znatul C		Date	