ACADEMIC PROGRESS REVIEW FORM

Complete the top section of the form and take it to your academic college office for completion of the bottom section. For example, if you are a Zoology major, take this form to the College of Arts and Sciences office. If you are pursuing two degrees offered through two different colleges, you must have an Academic Progress Review Form completed by an advisor in each college. Return the completed form to Financial Aid Services.

Student Name: ____________________________ Phone #: _______________________
Social Security #: ________________________ SID #: ________________________ Aid Year: ____________

TO BE COMPLETED BY ACADEMIC ADVISOR

1. Please list the degree program (plus major, minors, and/or second degrees student is pursuing):
   ____________________________________________________________________________

2. Estimated number of hours remaining to complete degree requirements: ______________
   Note: If the student is pursuing double majors, or a second degree, list the number of hours required to complete the requirements for the first degree and major.

3. Estimated number of semesters needed to complete all requirements described in #2? __________

4a. If student will have earned more than 150 hours in the pursuit of a bachelor's degree, please explain:
   ____________________________________________________________________________

4b. If a student will have earned more than 40 hours in the pursuit of a master's degree OR more than 4 years in the pursuit of a doctoral degree, please explain:
   ____________________________________________________________________________

5. Expected date of graduation: ___________________________________________________________________

6. Advisor's comments: ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

Advisor's Signature ____________________________ Date ____________________________
Advisor's Printed Name ________________________ College and Phone or Email Address ____________________________