

KCTCS Financial Aid Degree Audit

Dear Student:

According to our records, you have attempted over **90** credit hours. A completed Degree Audit form is required of all students who have attempted over 150 % of the credit hours necessary to complete their program of study. 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. Please complete and return to the Financial Aid Office as soon as possible.

Last Name	First Name	MI	Social Security Number										
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>										

EmplID (Student ID)

--	--	--	--	--	--	--	--	--	--

Student Acknowledgement: *I understand that the completion of this form does not guarantee automatic reinstatement of my Student Financial Aid eligibility.*

Student: If you have already completed a Degree, Diploma, or Certificate, please indicate below that you are pursuing a second Degree, Diploma, or Certificate.

I have already completed a Degree Diploma Certificate in _____ Campus _____

I am currently pursuing a Degree Diploma Certificate in _____ Campus _____

Student Signature _____ **Phone** _____ **Date** _____

Please take this form along with a copy of your academic transcript to your academic adviser in your major department. Have your academic adviser complete the rest of this form. Note that you may be asked by the department chairperson to complete a graduation worksheet or other documentation to assist in determining the remaining courses required for graduation.

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/her degree, diploma or certificate program. You may use this form or attach other forms of your choosing that describes the courses still required for this student to successfully graduate or complete her/his program of study.

Student's expected credential _____ Anticipated date of graduation: ____ / ____ /200__

Courses not yet completed that are required for graduation	Semester and Year (if Known)	Credits
Total remaining credits needed to graduate:		

Advisor's Name _____ **Title** _____

Department _____ **Telephone Number** _____ **Ext.** _____

Signature _____ **Date** _____ **Advisor's Email Address** _____