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** ____ **Social Security Number** ___ - __ - ____

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 Signature_____ **Date**_____

Student: Please take this form along with a copy of your academic transcript to your records office or to your academic advisor in your major department. Have your academic advisor or records office complete the remainder 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.

Campus _____

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:		

Records Office or Advisor's Name_____**Title**_____

Department_____ **Telephone Number** _____ **Ext.** _____

Records Office or Advisor's Email Address _____

Records Office or Advisor's Signature_____ **Date** _____