

# 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 academic advisor.** Have your academic 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

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor's Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_