ADDITIONAL SCHOLARSHIP SEMESTER DEGREE AUDIT REQUEST

STUDENT MUST BE WITH 1-2 SEMESTERS OF GRADUATING TO QUALIFY

Return this completed form to the DSU Financial Aid & Scholarships Office

Student’s Name: _______________________________ Dixie ID: _______________________________

Phone Number: _______________________________ Students Major: _______________________________

Please explain, in detail, why you were unable to finish your degree in the years set forth by the scholarship:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

***Only DSU Academic Advisors are authorized to complete the remaining portion of this form***

What semester and year will the above student graduate with a degree in this program? __________________________

Is this student in good academic standing to graduate with a degree in this program?  Yes ______  No ______

If no, please explain: __________________________________________________________________________

Please indicate below, per semester, what courses the student needs to graduate.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Course</th>
<th>Name</th>
<th>Credit</th>
<th>Semester</th>
<th>Year</th>
<th>Course</th>
<th>Name</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the above information is true and accurate.

Advisor’s Signature _______________________________ Date _____________

Student’s Signature _______________________________ Date _____________

Office Use Only – Do Not Write Below This Line

GPA: ______________  Completed Hours:__________  ( ) Approved  ( ) Denied

Comments:  ( ) Degree Audit Approved

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

We will not accept pictures of forms or electronic signatures. We only accept scanned or original forms for documentation.
All forms can be mailed, faxed or emailed to us.