**AUDIT**

**DEGREE AUDIT REQUEST FOR EXCEEDED MAXIMUM ATTEMPTED CREDIT HOURS**

Return this completed form and copy of Unofficial Transcript to the DSU Financial Aid & Scholarships Office

*Unofficial Transcripts available at the Registration & Records Office*

Student’s Name: ___________________________________________ Dixie ID: ___________________________

Local Address: ________________________________________________________________________________

Address     City   State  Zip

Phone Number: _______________________________ Students Major: _________________________________

***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:  ___________________________________________________________________________________

___________________________________________________________________________________________

For the following questions please do not count the same classes and credits in more than one category:

- How many credits for developmental classes has the student earned at DSU? ______________
- How many transfer credits from other institutions do not count towards the student’s degree requirements? ____________
- How many credits from one previous major at Dixie do not count towards the student’s degree requirements? _________

Comments:_____________________________________________________________ ________________________________

_________________________________________________________________________________________________ _____

Please indicate below what courses the student needs to graduate, *including classes which the student is currently enrolled*.

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<tr>
<th>Dept./No</th>
<th>Course Title</th>
<th>Credits</th>
<th>Minimum Passing Grade</th>
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I hereby certify that the above information is true and accurate.

Advisor’s Signature ___________________________ Date ___________________________

Printed Name ________________________________ Phone Number __________________________ 

Student will also need to meet with a DSU Financial Aid Advisor and sign a Maximum Attempted Credit Hour Contract before they will be eligible to receive further financial aid funds. They will be contacted thru Dmail when they can sign the contract. ________ Student initials.

The contract will contain the following requirements:

1. The student cannot receive any grades of: F, AU, or W. There is no appealing for illness, injury or any other circumstances. If the student receives one of these grades in any course, they are no longer eligible to receive federal financial aid at Dixie State University.

2. In the event a student receives an “I” grade, they must complete the course and the grade must show on the Dixie State transcript before a progress check can be approved and any further financial aid can be awarded and/or disbursed to the student.

3. The student is only allowed to take the courses listed on this “Degree Audit” form completed by a DSU Academic Advisor AND must pass each course with the required minimum required grade. If any additional courses are taken, the student will lose all financial aid eligibility at Dixie State University.

4. The student is only eligible to complete one Degree Audit at the Associate Degree level and one at the Bachelor Degree level. If the student stops attending DSU for 12 consecutive months, the contract will be voided and the student will no longer be eligible for financial aid at DSU.

There is NO APPEALING the failure to meet the terms and conditions of the contract.

Student’s Signature ___________________________ Date ___________________________

For Official Use Only – To be completed only by a DSU Financial Aid Officer

Total attempted hours: _______ (-) Excludable hours _______ (-) Previous major _______ = Total Hours ________

Total attempted hours: _______ (+) Additional credits allowed _______ = Total allowable hours ________

Approving Signature: ___________________________ Date: __________________________

Notes: