



BOISE STATE UNIVERSITY

Financial Aid and Scholarships
Administration Building Room 113
1910 University Drive
Boise, ID 83725-1315

Phone: (208) 426-1664
Fax: (208) 426-1305
Email: FinancialAid@boisestate.edu

Remaining Credit Evaluation

STUDENT NAME _____ ID _____ PHONE _____

In order to ensure compliance with the Maximum Credits standard for Satisfactory Academic Progress, students enrolled in a first bachelor's degree program who have earned 150 or more credits (as of the end of the current semester) must meet with an academic advisor to determine the remaining credits needed for graduation.

Please indicate both the number of credits in which you are enrolled for the current semester and the number that will be remaining for your degree program after the current semester. Be sure to include any for which you may have already received a "W," "F," or a passing grade, for the term, as well as any CLEP or test credits you will need to take to obtain your degree. Developmental credits (such as MATH 015 or ENGL 090) should be excluded from the remaining credits total.

Advisor Section

1. Primary Program Information Maximum Credits

Federal financial aid is intended for a single degree in each career. For a student's first undergraduate degree, a major/minor combination is acceptable when completed simultaneously.

Current semester (circle): Fall Spring Summer # of credits in current semester: _____ (0 if not enrolled)

Primary program/major/certificate _____ Minor: _____

Number of credits remaining in primary program (with single minor if applicable) after current semester: _____

2. Additional Programs/Majors/Minors/Certificates

Complete this section only if the student is currently pursuing more than a single undergraduate major and minor or certificate. Please list below and indicate the number of credits needed to complete that program after the current term. (Exclude any credits that are included in section 1 above.)

Table with 4 columns: Program, Circle One (Major, Minor, Cert.), and # of credits after current term. Two rows for program entry.

Advisor's Printed Name _____ Phone _____

Advisor's Signature _____ Date _____

Student Section

By signing below, I certify that the remaining credits total is correct to the best of my knowledge. I also confirm I have met with an academic advisor in order to review the remaining required credits for completion of my first bachelor's degree program. I understand if I receive a "W", "CW" or an "F" in any semester after completing this form, I will receive a HOLD and become ineligible for federal financial aid. Repeats of classes after this form has been submitted may impact my aid eligibility, as well. I should contact the Financial Aid Office for review if this circumstance arises.

Student's Signature _____ Date _____