



**BOISE STATE UNIVERSITY**

**STUDENT AFFAIRS**

*Financial Aid and Scholarships*

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URLs: [financialaid.boisestate.edu](http://financialaid.boisestate.edu)  
[financialaid.boisestate.edu/scholarships](http://financialaid.boisestate.edu/scholarships)

## REMAINING CREDITS EVALUATION

STUDENT NAME \_\_\_\_\_ ID# \_\_\_\_\_

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.**

Current semester, circle one: **FALL** **SPRING** **SUMMER** Number of semester credits\*: \_\_\_\_\_

\*Note: Please include ALL registered credits for the term, even if one has already been completed or is a W.

Exact number of remaining credits required for your degree program after current semester: \_\_\_\_\_

### STUDENT:

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 Signature

\_\_\_\_\_  
Date

### ACADEMIC ADVISOR:

I have met with this student to review the remaining credits required for their degree program. The number of credits indicated on this request is correct according to the student's catalog year and Academic Advisement Report. Only credits needed to complete the student's degree program have been included in the total remaining credits count.

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Date

Office Use Only

#### SAP MAXIMUM CREDITS CALCULATION

Enrolled: \_\_\_\_\_ + Remaining: \_\_\_\_\_ + Previously attempted: \_\_\_\_\_ = Total: \_\_\_\_\_

Greater than 180 credits

Ok for maximum credits