

The Florida State University Office of Financial Aid Room A4400 UCA Tallahassee, FL 32306-2430 850-644-0539 www.financialaid.fsu.edu 850-644-6404 (fax)

SECTION I: General Information (to be completed by the student)

SATISFACTORY ACADEMIC PROGRESS APPEAL

Credit Hour Recalculation

Session of Enrollment	Date to Submit Appeal for Review
Session A and C	July 14, 2017
Session B	June 2, 2017

If you believe the credit hours used in the Satisfactory Academic Progress review should be re-evaluated, you may have your Academic Advisor complete this form to establish current degree hours attempted / earned and or GPA recalculation.

If your credit hours /GPA are correct – you need to refer to the standard Satisfactory Academic Appeal form.

D
:
ted Grad Date:
(check all that apply):

SECTION III: Transcript Review Academic Advisor/Dean's Office: to be completed by the Academic Advisor, Department Head, or Dean		
We are requesting your assistance in assessing the student's academic redocument the following: Hours required for the current degree being sought Hours attempted toward the current degree Hours earned toward the current degree GPA for the current degree	ecord. Please review the student's transcript to	
The student is working towards the following degree:		
BA/BS/BFA MA/MS SPECIALIST Ph.D J.D. ((LAW) M.D. (MED)	
Major:		
(1) Has the student completed all required courses for the degree being sought?(2) Average Credit Hours required for current degree program being sought	YesNo	
(3) Student's Attempted Hours towards current degree program		
(4) Student's Earned Hours towards current degree program	Total	
If transfer hours are included in the total Earned hours, please indicate the total Transfer hours applicable to the degree.	Transfer Hours	
(5) Remaining credit hours needed to complete degree program requirements (major and any required minor - including current term):		
(6) Timeframe for degree completion (expected graduation):	TermYear	
(7) Is the student working on more than one degree concurrently?	Yes No	
Academic Advisor/Dean's Office:		
Signature (Academic Advisor/Department Head/Dean):		

Student's Name_____

FSU EMPLID:

Print Name: ______Title/Department: _____

Phone number: _____Email: ____