

ADDITIONAL SCHOLARSHIP SEMESTER DEGREE AUDIT REQUEST

**ELIGIBLE STUDENTS: TRANSFER STUDENTS ADMITTED WITH 24-59.9 CREDITS.
 STUDENT CAN ONLY REQUEST UP TO 2 SEMESTERS**

Student's Name: _____ Dixie ID: _____

Are you a Student Athlete? Yes No *If yes, form must also be signed by NCAA Advisor.*

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

If approved, I understand I will be required to sign a scholarship contract before my scholarship will disburse.

Student's Signature _____ Date _____

*****TAKE TO YOUR ACADEMIC ADVISOR TO COMPLETE FORM*****

What semester and year will the above student graduate or complete requirements for this program? _____

Is this student in good standing to graduate with a degree in this program? Yes _____ No _____ **If no, DO NOT CONTINUE.**

Please indicate below, per semester, if course listed is required for graduation in their current DSU Bachelors or Applied program. Only required courses will be included towards scholarship calculation adjustments.

| _____ Semester _____ Year Fall or Spring ONLY | | | Required | Not Required | _____ Semester _____ Year Fall or Spring ONLY | | | Required | Not Required |
|--|------|--------|----------|--------------|--|------|--------|----------|--------------|
| Course | Name | Credit | | | Course | Name | Credit | | |
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I hereby certify that the above information is true and accurate.

Advisor's Signature _____ Print Name _____ Date _____

*****NCAA Advisor must complete if student is an athlete*****

NCAA Advisor Signature _____ Print Name _____ Date _____

Scholarship Office Use Only – Do Not Write Below This Line*

GPA: _____ Completed Hours: _____ () Approved () Denied
 Comments: () Degree Audit Approved

