SATISFACTORY ACADEMIC PROGRESS MAXIMUM TIME FRAME Degree Completion Evaluation

Student Name		Student ID:	
Degree Declared wi	th the Records Office		
Additional courses	REQUIRED to receive your degree:	(attach additional s	heet(s) if necessary)
Course #	term class will be taken (anticipated)	Course #	term class will be taken (anticipated)
			·
I have met with are required fo	this student and have advised or graduation.	d him/her that th	ne courses listed above
Academic Advis	sor Name (please print)	Academic Adv	isor signature Da