



ADDITIONAL SCHOLARSHIP SEMESTER DEGREE AUDIT REQUEST
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:

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.**

REQUIRED COURSES: Please indicate below, per semester, what courses are required for graduation in their current DSU Bachelors or Applied program. *(excluding summers)*

	Semester	Year
Course	Name	Credit

	Semester	Year
Course	Name	Credit

ELECTIVE COURSES: Indicate below, **for the same semesters**, what courses are **not required** for graduation in their current DSU Bachelors or Applied program.

Course	Name	Credit

Course	Name	Credit

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

