

Dear Divisional/Academic Advisor:

The U.S. Department of Education has set standards of satisfactory academic progress that all students must meet to be eligible for federal student aid. One of those standards is that students must complete their degree within a maximum time frame (outlined below). Transfer hours also impact a student's maximum time frame. The following student may be exceeding the maximum time frame for completing a degree. Please complete the following evaluation form with the requested information, so we can accurately assess this student's financial aid eligibility.

Sincerely,

The Office of Student Financial Assistance

Standards of Satisfactory Academic Progress		
Maximum Time Frame		
Associate's Degree	6 semesters	96 credit hours
Bachelor's Degree	12 semesters	192 credit hours
Master's Degree	10 semesters	90 credit hours
Doctoral Degree	14 semesters	180 credit hours

### TO BE COMPLETED BY STUDENT'S ADVISOR

Student Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Declared Major \_\_\_\_\_ Anticipated Graduation Date(mm/yy) \_\_\_\_\_

Degree (check all that apply):\*\* ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctoral

\*\*Only select more than one degree if student is simultaneously enrolled in multiple degree programs.

Additional credit hours needed to complete degree (including current enrollment): \_\_\_\_\_

If applicable, list number of transfer credit hours that **count** toward current degree program: \_\_\_\_\_

If applicable, list college degree previously earned (including Miami University) and the date granted:

\_\_\_\_\_ Date: \_\_\_\_\_

If applicable, the number of credit hours from all previous degrees (including Miami University) that will count towards new/current degree according to a DARS audit: \_\_\_\_\_

Has the student switched majors while at Miami? ☐ Yes ☐ No

If yes, how many credit hours from prior major will NOT count towards current degree? \_\_\_\_\_

Comments: \_\_\_\_\_

Advisor Name \_\_\_\_\_ Email \_\_\_\_\_@MiamiOH.edu  
(please print)

Academic Department \_\_\_\_\_ Phone \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Office of Student Financial Assistance**

For office use only

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