**The Office of Financial Aid**

**Transfer Credit Audit Evaluation Form**

MSU has a maximum time frame in which a student is expected to finish a program. Undergraduate students must earn their 1st bachelor degree within the maximum time frame in which a student is expected to finish their program. The time frame cannot exceed 150% of the published length of the student's program.

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| **SECTION A : To Be Completed by the Student** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MSU ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSU E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Academic Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SECTION B : To Be Completed by Academic Advisor** |

**\_\_\_\_\_\_\_ Number of Credits required for the degree program.**

 **(Example: 120 credits required for social work)**

**\_\_\_\_\_\_\_ Transfer credits applied towards the program.**

**\_\_\_\_\_\_\_ Remaining credits needed to complete degree program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Advisor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Advisor Name Print**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MSU E-mail Address (Area Code) Telephone Number**

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| **FINANCIAL AID OFFICE USE ONLY****Did student have a change of Major? Yes\_\_\_\_\_ or No\_\_\_\_\_****If Yes:****Indicate the 1st Degree Major Term\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Term\_\_\_\_\_\_\_\_\_\_\_\_ of next major change.** |