Registrar’s Office Use Only

○ Ok with successful completion of final semester grades  ○ Missing_____________________________________

○ All work successfully completed  ○ Short _______________________ hours

Final Credit Evaluation

Return to Registrar

Attach Curriculum Audit Form

Student Name:________________________ Student ID#:____________________________
Advisor:_____________________________ Program Completion Year/Term____________

Degree: (circle one)  Major:____________________________________
BA   BFA   BSN   MA   MSN
Second Major:____________________________________
Certificate of Completion or Proficiency Minor:___________________________
(circle one) (circle one)

Current Cumulative GPA_______

A. __________ Transfer credits earned by the end of the last completed semester/quarter
B. __________ Total credits from CLEP, Adv Placement, Prior Learning and/or Test Outs
C. __________ Total classroom credits from courses at Ursuline College
D. (Total of A through C) ALL CREDITS EARNED AS OF SPRING/SUMMER (Year:__________)
E. __________ DEDUCT CREDITS AND/OR COURSES NOT ALLOWED FOR GRADUATION
   -Courses repeated with grades of C or D
   -Remedial courses (099)
   -Credits from two year institutions over 64 semester hours
F. __________ ADDITIONAL CREDITS NEEDED
G. __________ TOTAL CREDITS FOR GRADUATION

Remember to check for the following:

- The hours earned for developmental courses (MA 099 or SC 099) cannot count in the total hours for the undergraduate degree. For example, the total hours needed to complete the hours for a BA for a student that successfully completed MA 099 (3) would be 131.
- Residency requirements for a BA is 43 graded hours. The residency for BSN students may include the credits for the senior practicum.
- Check your records against the official record on Jenzabar or on the latest printed transcript. Please note any missing credits or discrepancies i.e. transfer credit.
- The maximum credits from two-year institutions and/or community colleges total no more than sixty-four (64) total hours.

List the course(s) the graduating senior is/will be taking for the following semester(s). Include any test-outs, Clep, transfer, and/or prior leaning credit. Please indicate the institution for transfer credit.

Students may NOT take courses off campus their last semester. Students may NOT submit prior learning portfolio in their final semester.

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<th>Fall Semester Year:___________</th>
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Total Hours: ___________________ Total Hours: ___________________ Total Hours: ___________________ Advisor:__________________________________________ Date:________________________

Comments:

2/10/09