

REMAINING CREDITS EVALUATION

One Stop Student Services - financialaid@cwi.edu - 208.562.3000 phone - 888.562.3216 fax P.O. Box 3010 - Nampa, ID 83653 - www.cwi.edu

Students must be in compliance with the Maximum Credits Standard for Satisfactory Academic Progress in order to be eligible for federal financial aid. If by the end of the current semester you have attempted 150% or more of the total number of credits required for a graduation in your current degree/certificate/program, you must complete this worksheet and develop a degree plan with your Academic Advisor. ~OR~ LAST 4 DIGITS OF YOUR SSN PHONE NUMBER LAST NAME FIRST NAME M.I. CWLID# STUDENT SECTION SEMESTER AND YEAR INFORMATION Last Attended at CWI: Requesting Financial Aid For: _____ I have exceeded/will exceed 150% of the credits (including transfer credits) required to complete my current program of study. I am requesting an evaluation of my credits to only use those credits that are applicable to my current program. I understand that if my request is approved, I am only eligible to receive federal aid for the courses that are applicable to and required for my program. I understand if I receive a "F", "X", "NP", "NC", "I", "AU", "NG", "W", " or repeat classes in any semester after completing this form, I may become ineligible for federal financial aid. STUDENT SIGNATURE DATE **ACADEMIC ADVISOR SECTION Major Change Total Program Program of Study Catalog Year** Student Plan Date **Credits Required** (One Program Per RCE) Submitted (Y/N) Credits Remaining -Credits to be Excluded **Remedial Credits** Credits Attempted Prior to **Remedial Credits Including in Progress Credits** Needed **Current Semester** Attempted **Anticipated** Completed (+ Remedial/Pre-requisites) Repeat Courses Needed (List Specific Courses) I have reviewed and outlined the remaining credits required for this student's graduation plan. The number of credits indicated on this request is correct according to the student's catalog year and Program Evaluation. Only credits needed to complete the student's degree program have been included in the total remaining credit count. ACADEMIC ADVISOR SIGNATURE DATE ACADEMIC ADVISOR PRINTED NAME FINANCIAL AID OFFICE USE ONLY **SAP Maximum Credits Evaluation:** OK for Maximum Credits [] Greater Than 150% Credits Remaining/In-progress: ____ Previously Attempted: _____-Remedial: ______-Excluded: ____ TOTAL: FINANCIAL AID OFFICER DATE