



AUGUSTA UNIVERSITY

Office of Student Financial Aid Attempted Hours Evaluation Form

Student Name: _____

Student ID: _____

Date: _____

Student Signature: _____

Please have your academic advisor complete the remainder of this form, sign and return to the Office of Financial Aid.

Degree Student is currently seeking: _____

Has student changed major at any time while attending Augusta University? Yes No

• If yes, indicate the number of credit hours attempted at Augusta University that would count toward the completion of the above degree: _____

• How many of the hours indicated above were completed/earned? _____

• If no, indicate the total number of hours a student has attempted while attending Augusta University. _____

• How many of the hours indicated above were completed/earned? _____

If student has transferred to Augusta, indicated number of credit hours from previous institutions that will be applied toward the completion of the above degree at Augusta University: _____

Total: _____

Advisor Name: _____

Advisor Signature: _____

Date: _____