



# DEGREE SUMMARY

The student listed below has attempted hours greater than 150% of their degree requirements. As part of the appeal process, the student must submit this completed form to our office. Please evaluate the student's transcript and provide the information requested below. If you have any questions or wish additional information, please contact us at 325-942-2246. Return the completed summary to Financial Aid Office with your completed Appeal for Standards of Satisfactory Academic Progress.

Student's Name	ASU Campus ID	Email
Anticipated Graduation Date	Anticipated Major	Anticipated Minor

**This section is to be completed by academic advisor**

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|--|-----|----|
| 1. Has the student been provided with Advising regarding the successful completion of degree requirements?   | YES | NO |
| 2. Has the student changed majors?   | YES | NO |
| 3. Does the student have a prior degree or certificate from Angelo State University or any other university? | YES | NO |
| 4. Is the student in good academic standing with the academic department?                                    | YES | NO |

If not, please list the academic department's conditions/expectation of the student:

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**List the Remaining Coursework for the student to graduate:**


Academic Advisor's Name	Signature	Date
Phone Number	Email	College