

Registrar's Office Use Only	
<input type="radio"/> Ok with successful completion of final semester grades	<input type="radio"/> Missing _____
<input type="radio"/> All work successfully completed	<input type="radio"/> Short _____ hours

Ursuline College Final Credit Evaluation

• *Return to Registrar AND Attach Curriculum Audit Form*

Student Name: _____

Student ID#: _____

Advisor: _____

Program Completion Year/Term: _____

Degree: (circle one)

Major: _____

BA BFA BSN MA MBA MSN

Second Major: _____

Certificate of Completion *or* Proficiency (circle one)

Minor: _____

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. _____ ALL CREDITS EARNED AS OF SPRING/SUMMER (Year: _____)

(Total of A through C)

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 are 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 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.**

Fall Semester Year: _____	Spring Semester Year: _____	Summer Semester Year: _____
Total Hours:	Total Hours:	Total Hours:

Advisor: _____

Date: _____

Comments: