Ursuline College Final Credit Evaluation

- Return to Registrar AND Attach Curriculum Audit Form

<table>
<thead>
<tr>
<th>Registrar’s Office Use Only</th>
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<tr>
<td>O Ok with successful completion of final semester grades</td>
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<td>O All work successfully completed</td>
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Student Name: ___________________________  Student ID#: ___________________________

Advisor: ___________________________  Program Completion Year/Term: ______________

Degree: (circle one)
BA  BFA  BSN  MA  MBA  MSN
Certificate of Completion or Proficiency (circle one)

Major: ___________________________  Second Major: ___________________________

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 learning 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>
<th>Spring Semester Year: ______________</th>
<th>Summer Semester Year: ______________</th>
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Total Hours: ___________________________  Total Hours: ___________________________  Total Hours: ___________________________

Advisor: ___________________________  Date: ___________________________

Comments: ___________________________

2/10/09