

# DEGREE AUDIT FORM

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Complete this form if you are appealing for financial aid because you have exceeded the maximum allowed credit hours to complete your degree or because you have exceeded the 150 credit hour limit to receive university-funded grants. You must submit this form with your appeal to be reconsidered for aid. Please submit your form by mail or fax.

**Please note:** if you are a double degree/major, complete a separate form for **each degree/major** you are pursuing.

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Electronic and typed signatures are not acceptable.

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(Fields below are to be completed by the Academic Advisor)

Semester and Year: \_\_\_\_\_

Course	Course Number	Credits

Total Credits: \_\_\_\_\_

GPA Needed: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Course	Course Number	Credits

Total Credits: \_\_\_\_\_

GPA Needed: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Course	Course Number	Credits

Total Credits: \_\_\_\_\_

GPA Needed: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Course	Course Number	Credits

Total Credits: \_\_\_\_\_

GPA Needed: \_\_\_\_\_

Please submit your form by mail or fax.

Chaminade University of Honolulu, 3140 Waiialae Ave, Honolulu, HI 96816

Email: [finaid@chaminade.edu](mailto:finaid@chaminade.edu) Web: <http://www.chaminade.edu/finaid> Phone: 808-735-4780 Fax: 808-739-8362

Semester and Year: \_\_\_\_\_

Course	Course Number	Credits

Total Credits: \_\_\_\_\_  
GPA Needed: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Course	Course Number	Credits

Total Credits: \_\_\_\_\_  
GPA Needed: \_\_\_\_\_

Name of Academic Advisor (please print): \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Academic/Admissions Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Electronic and typed signatures are not acceptable.