

Financial Aid Offices

Lancaster, Salkehatchie, Sumter, Union

| Academic Advisory Review Form | | |
|--|---|--|
| Student's Name: | USC ID: _ | |
| Advisor's Name: | | |
| Department: Degree Pro | ogram: | |
| To Be Completed by t | he Student's Academic Advisor | |
| The student requested financial aid but is approaching to for aid at the point at which it becomes mathematically its published length (90 hours for an associate degree of courses will exceed the maximum timeframe for their contact and the contact are contact are contact and the contact are contact and the contact are contact and the contact are contact are contact and the contact are contact are contact and the contac | impossible to complete their acac r 180 hours for a bachelor's degre | demic program within 150% of e). If the student's remaining |
| To determine the student's eligibility for financial aid, o required to take to complete his or her degree. Please li requirements for the program in which they are current complete the degree or courses that will meet requirem student intends to transfer into that program. You may specific course to that requirement (i.e., "any AIU cours Financial Aid Office. | st all the courses the student mustly enrolled. Do not list any electivents for a degree not awarded by provide a general category if the s | t take to meet the degree e courses not required to this university, even if the student has not selected the |
| Course Name/Number | | Credit Hours |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total Credits Remaining | |
| | | |
| Academic Advisor's Signature: | r | Date: |