

SOUTHERN ARKANSAS UNIVERSITY

Official Undergraduate Degree Audit

Student Name: _____ Student ID: _____

Graduation Term: Fall Spring Summer Graduation Year: _____

Degree: AA AS BA BBA BFA BS BSEd BSEngr BSN BSW BUS/BGS

1st Major: _____ 1st Minor: _____

2nd Major: _____ 2nd Minor: _____

Catalog Year: _____ Current GPA: _____ Final GPA: _____

Current GPA in **Major***: _____ Final GPA in **Major***: _____

**College of Education students must have 2.5 or greater. College of Science and Engineering students must have 2.0 or greater.*

(Exclude all remedial and ESL courses and excessive PE/Activity hours)	Total Hours Required	Hours Completed	Hours in Progress	Hours Enrolled Summer Term(s)	Hours Enrolled Final Semester
	120	_____	_____	1st 2nd	_____
Junior/Senior Hours:	40	_____	_____	_____	_____

Percentage of **D Grades** Earned (Maximum allowed = **25%** of total hours earned): _____

Number of Transfer Hours from **Two-Year School** (Maximum allowed = **68** hours): _____

Bachelor's Degree Residency			Associate's Degree Residency		
30 Total Hours:	YES	NO	18 Total Hours:	YES	NO
24 of Last 30 Hours:	YES	NO	12 of Last 18 Hours:	YES	NO
Major Residency 15 Hours:	YES	NO			
Minor Residency 9 Hours:	YES	NO	N/A		
Business Residency 50% :	YES	NO	N/A		

Is student taking a course at another school the semester of graduation? YES NO

If yes, attach a copy of the Off-Campus Approval Request Form and proof of enrollment in the course.

Comments:

Approvals:

Student	Date	Advisor	Date
Department Chair of Major	Date	Dean of Major	Date
Dean of Minor	Date	Registrar/Associate Registrar	Date