UNIVERSITY OF South Carolina

Office of Student Financial Aid and Scholarships
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Timeframe Review Form
Satisfactory Academic Progress

FROM: _____

DEPARTMENT: _____

TO: Office of Student Financial Aid and Scholarships, SAP Unit

DATE: _____

STUDENT NAME: _____ STUDENT ID: _____

MAJOR: _____

MINOR: _____

Please list below the courses and number of credit hours that the student has remaining to complete his/her degree(s).

COURSE	CREDIT HOURS
Total Credits Remaining	

COLLEGE OFFICIAL: _____