

THE UNIVERSITY OF OKLAHOMA  
STUDENT FINANCIAL CENTER  
1000 Asp Avenue, Room 105  
Norman, Oklahoma 73019-4078  
Phone (405) 325-9000 Fax (405) 325-7608  
[sfc@ou.edu](mailto:sfc@ou.edu)

## ACADEMIC PROGRESS REVIEW FORM

Complete the top section of the form and take it to your academic college office for completion of the bottom section. For example, if you are a Zoology major, take this form to the College of Arts and Sciences office. If you are pursuing two degrees offered through two different colleges, you must have an Academic Progress Review Form completed by an advisor in each college. Return the completed form to the Student Financial Center.

Student Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ SID #: \_\_\_\_\_ Aid Year: \_\_\_\_\_

### **TO BE COMPLETED BY ACADEMIC ADVISOR**

1. Please list the degree program (plus major, minors, and/or second degrees' student is pursuing):

\_\_\_\_\_

2. Estimated number of hours remaining to complete degree requirements: \_\_\_\_\_

**Note:** If the student is pursuing double majors, or a second degree, list the number of hours required to complete the requirements for the **first degree and major**.

3. Estimated number of semesters needed to complete all requirements described in #2? \_\_\_\_\_

4a. If student will have earned more than 150 hours in the pursuit of a bachelor's degree, please explain:

\_\_\_\_\_

4b. If a student will have earned more than 40 hours in the pursuit of a master's degree OR more than 4 years in the pursuit of a doctoral degree, please explain:

\_\_\_\_\_

5. Expected date of graduation: \_\_\_\_\_

6. Advisor's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Printed Name

\_\_\_\_\_  
College and Phone or Email Address