



UNIVERSITY OF COLORADO AT BOULDER

ATHLETIC ELIGIBILITY FORM

College of Arts and Sciences PERCENT TOWARD DEGREE REQUIREMENT (40/60/80)

This Section to be Completed By Athletic Dept.

Sport: _____ Percent Needed: 40% 60% 80%

Number of Full-Time Semesters Completed: _____

THIS SECTION TO BE COMPLETED BY COLLEGE DEAN OR REPRESENTATIVE

Name: _____ Student ID: _____ Major: _____

This form was calculated for courses completed through Semester: _____

Total Hours Required for Degree: 120 Number of Degree Credits Earned: _____ Cum GPA _____

TOTAL CREDITS Still Needed

| | | | | | | |
|---|--|--|---|-----------------------------|-------------------------|----------------------|
| MAPS | ENGL _____ SSCI _____ | MATH _____ | NSCI _____ FLANG _____ | MAPS Needed _____ | | |
| Remaining Core | QRM _____ HD _____ CS _____ NSSeq _____ | WCLD _____ US _____ IV _____ NSNS _____ | WCUD _____ LDLA _____ NSLab _____ | HC _____ UDLA _____ | Core Total Needed _____ | Core UD Needed _____ |
| Remaining Major Requirements | | | | Major Total Needed _____ | Maj UD Needed _____ | |
| Required LD Needed _____ Required UD Needed _____ | | | | | | |
| Required hours that may be LD or UD Needed _____ | | | | | | |
| Remaining Electives | | | | Elective Total Needed _____ | Elec UD Needed _____ | |
| Available LD electives _____ Required UD Electives Needed _____ | | | | | | |
| TOTAL HOURS STILL NEEDED TO GRADUATE | | | | | TOTAL UD Needed | |

COMMENTS:

Y/N--Is DARS Degree Audit correct? If not, explain _____

Y/N--Incompletes or correspondence? List course/term _____

Y/N--FL Completed? If not, list courses completed: 1st level _____ 2nd level _____

Y/N--Courses that can meet more than one area? Specify course(s) and areas: _____

Y/N--Has residency been met? -- Will it be met with above requirements? Y/N _____

Y/N--Is student below 2.0 in Cum or Major? If yes, what is probation status? _____

Y/N--Does student need to repeat any courses? If yes, list course/reason. _____

Other: _____

I have reviewed the current academic record of the aforementioned student-athlete, and I certify that the remaining hours for graduation stated above is correct.

Signed: _____
Academic Advisor Date College Representative Date

Advisor: Signed original to Andrew Burow, 291 UCB, Fax 2-5711. Attach explanation of any differences from DARS 5/13

Do Not Give Directly to Athletics

Min hrs rem Tot _____ UD _____ Avail Red N Y _____ Reserve _____ electives for FL