



**Rogers State University
Office of Financial Aid**

Attempted Hours Evaluation Form

Student Name: _____ ID: _____

Signature: _____ Date: _____

Please have your academic advisor complete the remainder of this form, sign and return to the Office of Financial Aid.

Degree Student is currently seeking at RSU: _____

Number of credit hours from previous institutions that will be applied toward the completion of the above degree at RSU: _____

If student has changed degree while at RSU, indicate number of credit hours from RSU that will be applied toward the completion of the above degree at RSU: _____

Advisor: _____ Date: _____

Advisor signature: _____