



## Financial Aid and Scholarship Services

### Maximum Time Frame Worksheet

1. Print an unofficial transcript from your SOLAR account. Refer to the bottom of the transcript where it displays the "Undergraduate Career Totals". The first number to the right of CUM TOTALS, circled in the example below, is your total Stony Brook attempted credits. Report this number in the space provided to the right.

Undergraduate Career Totals				
CUM GPA :	2.040	CUM TOTALS :	184.00	125.00

Total Attempted Credits: \_\_\_\_\_

2. Refer to the beginning of your transcript. If you transferred credits to Stony Brook, they will be noted under the heading Transfer Credits. If you have transfer credits from more than one school, add all transfer credits shown on your transcript. Report this number in the space provided. If none, indicate N/A.

Fall 2009				
TRH	UGCRED Pre-SB	Matric	Ugrad	Transfer
			77.50	77.50
Course Trans GPA:	0.000	Transfer Totals :	77.50	77.50

Total Transfer Credits: \_\_\_\_\_

3. Take this form to your major department and have the appropriate major department advisor complete section **A**.
4. If you are a **business major** with a required minor/second major, bring this form to the appropriate minor/second major department advisor to complete section **B**.
5. Lastly you **must** speak with an Academic Advisor for assistance with completion of section **C**.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Stony Brook ID

\_\_\_\_\_  
Date

**Section A - Major Department Staff Member:** Please review the student's academic record. In the first column please indicate any transfer courses that count towards the student's major requirements (if none, indicate N/A). In the second column, indicate the remaining courses needed to complete major requirements. *Attach a separate sheet or departmental major checklist form if additional space is needed.*

Transfer Courses Applied to Major Requirements	Credit Value	Courses Remaining for Major Completion (including in progress)	Credit Value

Total # of transfer credits applied to major: \_\_\_\_\_ Total # of credits remaining for completion of major: \_\_\_\_\_

Department: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Section B – Second Major or Minor Department Advisor (if applicable):** Please review the student's academic record. In the first column please indicate any transfer courses that count towards the student's minor/second major requirements (if none, indicate N/A). In the second column, indicate the remaining courses needed to complete minor/second major requirements. *Attach a separate sheet if additional space is needed.*

Transfer Courses Applied to Minor/Second Major Requirements	Credit Value	Courses Remaining for Minor/Second Major Completion (including in progress)	Credit Value

Total # of transfer credits applied to minor: \_\_\_\_\_ Total # credits remaining for completion of minor: \_\_\_\_\_

Department: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Section C– Academic Advisor:** Please review the student's academic record and indicate below any transfer courses that will count towards the student's general education requirements. For each category, please include the number of credits required for the student to complete degree requirements. Do not include in DEC/SBC evaluation transfer credits that overlap with major requirements. Courses indicated as pre-medical, not applicable to current degree, are not included.

Transfer credits applying towards Degree Requirements		List each DEC/SBC, Skill and Upper Division Requirement Remaining to Complete Degree (including in progress). Define SPECIFICALLY WHICH DEC/SBC and/or SKILL	
DEC/SBC		Requirement	Credits
Skills 3 and 4			

Total # DEC/SBC and Skills that apply \_\_\_\_\_ Total # DEC/SBC and Skills required to complete \_\_\_\_\_

**Based on the student's major what maximum credit count for electives for this major**

Advisor Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

## **Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Programs in Public Health and Nutrition:**

Health Sciences Office of Student Services  
Health Sciences Tower Level 2, Room 271 Stony Brook, NY 11794-8276  
Telephone: 631-444-2111  
Fax: 631-444-6035  
[hscstudentservices@stonybrook.edu](mailto:hscstudentservices@stonybrook.edu)

## **All Other Graduate and Undergraduate Programs**

Office of Financial Aid and Scholarship Services  
Administration Building Room 180  
Stony Brook, NY 11794-0851  
Telephone: 631-632-6840  
Fax: 631-632-9525  
[finaid@stonybrook.edu](mailto:finaid@stonybrook.edu)