



DEGREE AUDIT

Student ID Number T _____	Catalog Year
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Name Enrolled Under (Last, First, Middle, Other)	Major or Minor* <input type="checkbox"/> Major <input type="checkbox"/> Minor
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*You must submit separate audits for each major and minor

All requirements will be completed at the end of Spring Summer Fall Year: _____

All substitutions for required courses and all waivers of degree requirements must receive the recommendation from the advisor, Department Head, and the Dean of your College.

REQUESTED SUBSTITUTIONS:

Course Prefix/Number		Course Prefix/Number
1. _____	for	_____
2. _____	for	_____
3. _____	for	_____
4. _____	for	_____
5. _____	for	_____
6. _____	for	_____
7. _____	for	_____
8. _____	for	_____

Listed below are all courses not completed and required to complete my degree, including correspondence and other off-campus classes.

Please list course numbers for **required** classes only. If electives are required, list the total hours of electives and whether lower or upper-level.

REQUESTED WAIVERS:

Course Prefix/Number		
1. _____		_____
2. _____		_____
_____	Current EHRS	_____
_____	Less duplicate credit, repeats, excess PE	_____
_____	Hours toward graduation	_____
_____	Plus hours on audit	_____
_____	Min. of req'd hours for degree or minor	_____
_____	40 hour UD requirement satisfied	_____

REQUIRED COURSES (Prefix/Number)

ELECTIVES (Lower Division) _____ (number of hours required)

ELECTIVES (Upper Division) _____ (number of hours required)

I have advised this student and recommend the substitutions and/or waivers listed above. The above courses and/or substitutions and/or waivers will complete graduation requirements for the above student at the graduation date shown above.

Signature, Advisor: _____ Date: _____

Signature, Head of Department: _____ Date: _____

Signature, Dean of College: _____ Date: _____

Signature, Student: _____ Date: _____

Requirements verified by Registrar's Representative: _____ Date: _____

