



REQUEST FOR CHANGE IN GRADUATE DEGREE AUDIT

Graduate School
309 Hovey Hall
Campus Box 4040
Normal, IL 61790-4040
Telephone: (309) 438-2583
Fax: (309) 438-7912
www.grad.illinoisstate.edu

TO: 2202 EVALUATION SERVICES

FROM: _____ DEPT. _____

Please approve the following degree audit changes for:

NAME _____ UID No. _____

ADDRESS _____

Expected Graduation Date _____

Courses Dropped:

Dept. No.	Course No.	Title	Sem. Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Courses Added:

Dept. No.	Course No.	Title	Sem. Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Changes:

Justification:

Student

Adviser

Dept./School Graduate Coordinator

Director of Graduate Studies

Date

Forward completed form to the Evaluations Office.