



## REQUEST FOR CHANGE IN GRADUATE DEGREE AUDIT

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.