Degree Audit Request

Complete information requested below (please print).

DATE: ________________________

(Student ID) _________________________ (Phone– Home and Cell) ________________________

Name (Last, First, Middle Initial)

(Address)

Email: ______________________________________________

Advisor: ______________________________________________

Semester Term & Academic Year You Plan to Finish:

Fall_______ Spring ________ Summer I _________ Summer II___________

Year (Circle): 2013-14  2014-15  Other______________________________

Catalog you are using to complete your degree: (circle)


Degree Type (Circle One): AA AS AAB AAS ATS BA BS BFA BSN BSW BTS BSIT

Major: ____________________________________________________________________

Minor: ____________________________________________________________________

2nd Major: ____________________________________________________________________

Please allow a minimum of 2 weeks for your audit request to be processed.

Bring in, fax or mail to: University of Rio Grande
Office of the Registrar, PO Box 500
Rio Grande, OH 45674
FAX: (740) 245-7445
EMAIL: browning@rio.edu