

**Degree Audit Request**

Complete information requested below.  
(PLEASE PRINT CLEARLY)

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Student ID) (Phone– Home and Cell)

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
(Address)

Email: \_\_\_\_\_ DEGREE AUDITS WILL ONLY BE EMAILED TO RIO EMAIL ACCOUNTS. \_\_\_\_\_

Advisor: \_\_\_\_\_

**Semester Term & Academic Year You Plan to Finish:**

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

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

2011/2013      2013/2015      2015/2017      2017/2018

**Degree Type (Circle One):**      AA      AS      AAB      AAS      ATS

BA      BS      BFA      BSN      BSW      BTS      BSIT

**Major:** \_\_\_\_\_

**Minor:** \_\_\_\_\_

**2<sup>nd</sup> 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: [records@rio.edu](mailto:records@rio.edu)