

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: _____

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: records@rio.edu