

APPLICATION FOR DEGREE

Date _____ School of Business SID: _____

Name _____

Your name will be printed on your diploma as it appears on the University database. File name change requests with the Registrar six weeks prior to graduation.

Address _____

Street

City

State

Zip

Telephone number during the day: _____

Please mail official degree audit to:

_____ Home address above.

_____ Resident Box Number: _____

_____ Local address: _____

I expect to receive my degree in:

December _____ January _____ May _____ August _____
 Year Year Year Year

MAJOR _____ 2ND MAJOR _____ MINOR _____

IMPORTANT NOTES:

Applicants will receive a delineation of outstanding degree requirements once this application has been processed. Students admitted in 1986 or later will receive a copy of their most current Analysis of Academic Progress (Degree Audit). Students admitted earlier than 1986 will receive a course and credit listing of outstanding requirements.

Please note the following:

1. The Degree Audit assumes successful completion of all courses in progress (including grades of Incomplete).
2. Schedule adjustments (Add/Drop transactions) may change the profile of outstanding degree requirements.
3. Previously authorized waivers or substitutions should be reflected on the attached Degree Audit.
4. Waivers or substitutions are not automatically transferable from one major or college to another.
5. Second majors or minors indicated above which have not been officially declared will not be included in the Degree Audit. Please process Curriculum Adjustment Form.
6. Addition/deletion of a second major or minor may affect the profile of outstanding degree requirements.
7. If you need assistance in interpreting the Degree Audit, please contact your adviser.

This area for Registrar's Office use only.	C	M	S	N	STATUS
	AUDIT DATE _____	AQH	GPA		