Request for Degree Audit Adjustments

Note: There may be some situations that cannot be automated and must be tracked on an individual basis by the department.

Student’s Name: _____________________________________________
Student’s ID #: ___________________ Student’s Program: ___________________

Course Exceptions:
1 - Number & Title of course to use as substitution: __________________________
If transfer credit, name of institution: __________________________
Number & Title of course for which substitution is being made: __________________________
Explanation for substitution: __________________________

2 - Number & Title of course to use as substitution: __________________________
If transfer credit, name of institution: __________________________
Number & Title of course for which substitution is being made: __________________________
Explanation for substitution: __________________________

3 - Number & Title of course to use as substitution: __________________________
If transfer credit, name of institution: __________________________
Number & Title of course for which substitution is being made: __________________________
Explanation for substitution: __________________________

Other Exceptions: (Check which applies)
☐ Accept a course grade lower than the minimum
☐ Change credits required
☐ Waive or change a requirement such as a gen-ed domain
☐ Grant an exception to the GPA for a requirement
☐ Grant an exception to the number of sub requirements needed to satisfy a requirement
☐ Replace an entire requirement
☐ Waive Residency Requirement
☐ Other

Explanation (please be specific): __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Obtain the following required signatures and then return this form to the Registrar’s Office.

Advisor: __________________________ Date: __________________________

Department Chair: __________________________ Date: __________________________

Dean/Director: __________________________ Date: __________________________

Updated 10/19/12 - VJT