

Application for Degree Audit / Graduation

Submit request to the Office of the Registrar or to <u>risinger.t(a)wvwc.edu</u>.

Applications will be processed for students within three semesters of graduating. Failure to complete this request twelve months before intended graduation date will result in a \$50 late fee.

Print FULL LEGAL Name:		Student ID:
Today's Date:	Year you entered V	VVWC:
WVWC email:	@wvwc.edu Cell/bes	t phone #:
Degree: *		*Students who intend to earn 150 credit hours and complete the requirements to receive two degrees must notify the Office of the Registrar one year prior to
I expect to complete my degree requirements in (month/year):		anticipated degree completion date.
The audit is bo	sed on the catalog you entered	l under UNLESS you note otherwise in the major and
	minor sections of this request	after consultation with your advisor.
Major*:	Track/Conc	entration (if applicable):
* Education majors: ☐ ele	mentary 🗖 secondary 🗖 combin	ed Teaching fields:
2 nd Major (if applicable):		3 rd Major (if applicable):
Minors (if applicable):		
	nformation regarding your degree aud	lit.
The audit is the w	vorking plan between you, your adviso	r and the Academic Services Office
	= :	nalyst in writing (Taylor Risinger: risinger.t@wvwc.edu) of ANY
		emesters including (but not limited to):
_	ajor(s) or minor(s) –adding <i>or</i> dropping	
	-	below (NOTE that you can only earn hours once, so if you are C-, D, or D-, you are NOT earning additional hours toward the
		blete the C-/F repeat form in the Academic Services Office.
	nich catalog you and your advisor are f	•
I have read the degree aud	lit information and understand my resp	ponsibilities.
_	-	changes, my graduation could be delayed.
Student signature:		
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