



# Application for Degree Audit / Graduation

Submit request to the Academic Services Office or to [risinger.t@wwvc.edu](mailto:risinger.t@wwvc.edu). 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 WVWC: \_\_\_\_\_ Campus Box: \_\_\_\_\_

WVWC email: \_\_\_\_\_@wwvc.edu Cell/best phone #: \_\_\_\_\_

I am earning my:  B.A.  B.F.A.  B.S.  B.M.E.  B.S.A.T.  B.S.N.

5-yr. M.B.A.  5-yr. M.A.T.  D.N.P.

M.B.A.  M.F.A.  M.S.A.T.  M.A.T.  M.S.N.

I expect to complete my degree requirements in (month/year): \_\_\_\_\_

**The audit is based on the catalog you entered under UNLESS you note otherwise in the major and minor sections of this request after consultation with your advisor.**

Major\*: \_\_\_\_\_ Track/Concentration (if applicable): \_\_\_\_\_

\* Education majors:  elementary  secondary  combined Teaching fields: \_\_\_\_\_

2<sup>nd</sup> Major (if applicable): \_\_\_\_\_ 3<sup>rd</sup> Major (if applicable): \_\_\_\_\_

Minors (if applicable): \_\_\_\_\_

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

Please read the following information regarding your degree audit.

**Your audit will not be processed without your signature.**

- The audit is the working plan between you, your advisor, and the Academic Services Office.
- IT IS YOUR RESPONSIBILITY to inform the Credentials Analyst in writing (Taylor Risinger: [risinger.t@wwvc.edu](mailto:risinger.t@wwvc.edu)) of ANY changes you make at any point during your final two semesters including (but not limited to):
  - Change in major(s) or minor(s) –adding or dropping
  - Intent to repeat a course where you earned a C- or below (NOTE that you can only earn hours once, so if you are repeating a course where you originally earned a C-, D, or D-, you are NOT earning additional hours toward the minimum 120 required.) You are required to complete the C-/F repeat form in the Academic Services Office.
  - Change in which catalog you and your advisor are following for your major(s) or minor(s)

*I have read the degree audit information and understand my responsibilities.*

*I understand that if I fail to inform the Credentials Analyst of any changes, my graduation could be delayed.*

Student signature: \_\_\_\_\_