

## **REQUEST FOR SENIOR AUDIT**

## This portion to be completed by student.

All students will need to complete a departmental check sheet along with the Senior Audit form. Students will need to save Senior Audit form and email as an attachment to their departmental advisor for approval. Some advisors may require a face to face meeting before signing. Advisors will email the Senior Audit to the Department Chair and CASNR Dean's Office for final signatures. Senior Audits that are incomplete or do not have all signatures will not be processed.

Today's Date: \_\_\_\_\_

Student Name As it SHOULD APPEAR ON DIPLOMA:

			R#_	
(First)	(Middle)	(Last)		
Proposed Month and	Year of Graduation:			
December	□May	$\Box$ August _		(Year)
Major:		Concentration:		
		Second Major (if applica st be on file in Dean's Off		
Certificate:		_		
Name and Major rele	ased to appear in Cor	mmencement Program:		
🗆 Yes 🛛 🗆 No				
Diploma Mailing Add	ress:			
(Address)	(City)	(5	itate)	(Zip Code)
This request <u>MUS</u>	<u>ST</u> be submitted by the	<b>through Registrar Dashb</b> e student in order to be p n one year prior to graduation	laced on the	graduation list.

(Student's Signature)

(Date Submitted)



## This portion is to be completed by an academic advisor.

## **Course Substitutions:**

	for	Reason:
	for	Reason:
	for	Reason:
	for	Reason:
Recommended By:	(Advisor)	 (Department Chairman)
Approved By:		
	(Assistant Dean)	(Date Approved)