

Application for Degree Audit / Graduation

Submit request to the Academic Services Office or to <u>risinger.t@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 WVWC: | |
| WVWC email: | _@wvwc.edu | Cell/best phone #: | |
| Degree: | | | |

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.

| ajor*:Track/Concentration (if applicable): | | |
|---|---|--|
| * Education majors: 🛛 elementary | □ secondary □ combined Teaching fields: | |
| 2 nd Major (if applicable): | 3 rd Major (if applicable): | |
| Minors (if applicable): | | |
| Academic Advisor: | | |
| IT IS YOUR RESPONSIBILITY t ANY changes you make at an Change in major(s) or m Intent to repeat a cours repeating a course whe minimum 120 required. Change in which catalog I have read the degree audit information | n between you, your advisor, and the Academic Services Office. to inform the Credentials Analyst in writing (Taylor Risinger: risinger.t@wvwc.edu) of ny point during your final two semesters including (but not limited to): ninor(s) –adding <i>or</i> dropping se where you earned a C- or below (NOTE that you can only earn hours once, so if you are ere you originally earned a C-, D, or D-, you are NOT earning additional hours toward the .) You are required to complete the C-/F repeat form in the Academic Services Office. g you and your advisor are following for your major(s) or minor(s) tion and understand my responsibilities. | |