

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:	te: Year you entered WVWC:	
WVWC email:	@wvwc.edu	Cell/best phone #:
Degree:		
I expect to complete my degre	e requirements in (month/yea	r):
The audit is b	<u> </u>	entered under UNLESS you note otherwise in the major and request after consultation with your advisor.
Major*:	Tr	rack/Concentration (if applicable):
* Education majors: ☐ e	lementary 🗖 secondary 🕻	☐ combined Teaching fields:
2 nd Major (if applicable):		3 rd Major (if applicable):
Minors (if applicable):		
Academic Advisor:		<u> </u>
Your audit will not be pr	g information regarding your d cocessed without your signatu	ire.
 IT IS YOUR RESPANY changes you Change in relating a minimum for the company of the co	PONSIBILITY to inform the Crea ou make at any point during yon major(s) or minor(s)—adding of epeat a course where you earn a course where you originally of 120 required.) You are required	dentials Analyst in writing (Taylor Risinger: risinger.t@wvwc.edu) of our final two semesters including (but not limited to): r dropping ned a C- or below (NOTE that you can only earn hours once, so if you are earned a C-, D, or D-, you are NOT earning additional hours toward the ed to complete the C-/F repeat form in the Academic Services Office. visor are following for your major(s) or minor(s)
_	udit information and understa to inform the Credentials Anal	nd my responsibilities. yst of any changes, my graduation could be delayed.
Student signature:		