Informal Degree Audit for International Students

Check the reason you need this audit: I20 Extension		
☐ Request for Reduced Course Load		
Student: Complete Section A		
Student ID#:		
Last/Family Name:	First/Given Name:	
Date of Birth (mm/dd/yyyy):	Telephone:	
Email :		
Academic Advisor, (Counseling and Advising	g U267) complete section B:	
For change of major: Current program of study code/Prog.	Name:	
New program of study code/Prog. Na	ime:	
Number of <i>credit hours</i> needed to complete	program:	
Number of <i>semesters</i> needed to complete p	rogram:	
Anticipated graduation/transfer date (circle of Upon completion of the Spring Summer	•	
Notes on Colleague (STRK)? Yes No		
Petition to Graduate completed? Yes No	o	
Academic Advisor/Counselor Signature:		Date:
Telephone ext:		

