



REQUEST FOR CHANGE IN GRADUATE DEGREE AUDIT

TO: grad.degree.audit@ilstu.edu

FROM: _____ DEPT. _____

Please approve the following degree audit changes for:

NAME _____ UID No. _____

ADDRESS _____

Expected Graduation Date _____

Courses Dropped:

Dept. No.	Course No.	Title	Sem. Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Courses Added:

Dept. No.	Course No.	Title	Sem. Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Changes:

Justification:

Student

Adviser

Dept./School Graduate Coordinator

Director of Graduate Studies

Date

Forward completed form to grad.degree.audit@ilstu.edu.