

NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ SID: \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) DEGREE PLAN: UAGSC CATALOG: \_\_\_\_\_ (EX: 114)  
(College) (Major/s) (Degree)

DEGREE # \_\_\_\_\_ OF \_\_\_\_\_ (Other Degree(s) \_\_\_\_\_) DATE PROCESSED: \_\_\_\_\_

### DEGREE AUDIT WORKSHEET

**TO BE COMPLETED BY MAJOR ADVISOR:**

As of: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

•Mid-Career Writing Assessment (MCWA): \_\_\_\_\_

•Cumulative GPA: \_\_\_\_\_ (Minimum of 2.0 required) *\*If below 2.0 indicate B Deficit* \_\_\_\_\_ •Major GPA: \_\_\_\_\_ (Minimum of 2.0 required) *\*If below 2.0 indicate B Deficit* \_\_\_\_\_

•Total units complete: \_\_\_\_\_ (**120** required for degree), IP: \_\_\_\_\_, NEEDS: \_\_\_\_\_ *\*Every additional degree requires students earn 30 additional units*

•Total Upper Division units complete: \_\_\_\_\_ (**42** required for degree), IP: \_\_\_\_\_, NEEDS: \_\_\_\_\_ •Total University-level units complete: \_\_\_\_\_ (**56** required for degree), IP: \_\_\_\_\_, NEEDS: \_\_\_\_\_

•Major courses IP (please list course subject, number, and term):

•Major courses needed (please list course subject, number, and term):

•Pending transfer credit (please indicate the course(s) being taken, the institution where course(s) will be completed, and the term courses(s) will be completed):  
*\*Grade of C or higher is required for all courses to transfer to UA*

**\*\*PLEASE INDICATE EXCEPTIONS ON REVERSE SIDE\*\***

**TO BE COMPLETED BY MINOR ADVISOR: *\*Only if minor is not reading as fully satisfied on Academic Advisement Report***

•Minor GPA: \_\_\_\_\_ (Minimum of 2.0 required) *\*If below 2.0 indicate B Deficit* \_\_\_\_\_

**TO BE COMPLETED BY HONORS ADVISOR: *\*Only if student is active in Honor's College***

**TO BE COMPLETED BY COLLEGE ADVISOR:**

MAJOR 1 ADVISOR: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ STUDENT: \_\_\_\_\_  
Print Last Name-Campus Phone Date

MAJOR 2 ADVISOR: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_@email.arizona.edu  
Print Last Name-Campus Phone Date

MINOR 1 ADVISOR: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ STUDENT PHONE: \_\_\_\_\_  
Print Last Name-Campus Phone Date

MINOR 2 ADVISOR: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Print Last Name-Campus Phone Date

HONORS COLLEGE: \_\_\_\_\_ DATE \_\_\_\_\_

COLLEGE DEAN: \_\_\_\_\_ DATE \_\_\_\_\_

Survey complete and submitted: \_\_\_\_\_

Name of section to be changed <i>*As named on the Advisement Report</i> <i>(i.e. Major core course)</i>	RG #	R #	L #	Model # (institution) <i>*transfer courses only</i>	Group # <i>*transfer courses only</i>	Course prefix, # and title <i>(from Additional Course Work Section, if applicable)</i>
Notes:						
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