

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:						
Notes						
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