

DEGREE AUDIT/WORKUP REQUEST

Student name: _____
Please print

Student ID or Last 4 Digits of Social Security #: _____

First Major: _____

Second Major (where applicable): _____

Have you attended another college? YES _____ NO _____

If so, name of institution: _____

Have you received a transfer evaluation from LC? YES _____ NO _____

Reason for request (please check one):

_____ **Graduation Candidate** – if you are a graduation candidate you must complete and submit an application for graduation.

_____ **Change of Major** – you must complete a change of major form

_____ **Return after absence of year or more** – you must reapply with Admissions.

_____ **Other** – Please state reason: _____

Current Semester: _____

Student home address (your workup will be mailed to this address)

Phone Number: _____
Home Cell

Student Signature: _____ **Date:** _____