

Office of the Registrar  
Brevard College  
Degree Audit Request

Student Name: \_\_\_\_\_ BC ID#: \_\_\_\_\_ Current Semester +Year: \_\_\_\_\_

Anticipated Graduation Term: \_\_\_\_\_  
(Fall, Spring, or Summer + Year) Catalog Year used to fulfill requirements for graduation \_\_\_\_\_

<b>BA BM BS</b>			
Degree Sought (Circle)	Major (1)	Emphasis/Concentration	Minor (if applicable)
	Major (2)	Emphasis/Concentration	Minor (if applicable)

Honors Program Participant:  Yes  No

IWIL Program Participant:  Yes  No

I have reviewed my progress toward meeting all graduation requirements.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Advisor's Name Signature Date

**Please attach completed *General Education and Major Checklist(s)* as well as *minor checklist(s) if applicable* and return to the Office of the Registrar, Beam Administration Building 105. For any course substitutions, please attach appropriate form.**

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_