



REQUEST

Re-Evaluation of Degree Status

Submit this form to the Registrar's Office to request a re-evaluation of your degree status. This form must be signed by your advisor. You may expect a response by email within two working days.

Student's Name _____ Student ID No. _____

LAST FIRST MIDDLE

Address _____ Email _____

City _____ State _____ ZIP _____ Phone _____

Major _____ Concentration (track) _____

Minor _____ Expected graduation date: May August December Year: _____

Requirements met since last evaluation: _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

FOR REGISTRAR'S USE ONLY
Degree Evaluation completed by _____ Date _____ Result _____