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Degree Audit Request Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registrar@msvu.ca

Please complete the form in full and submit to the Registrar's Office.

_____	_____	_____
Student ID#	Last Name	First Name(s)
_____	(_____)_____	_____
Program of Study	Phone Number	Mount Email Address

- ***For academic advise please visit your department or the Academic Advisor.***

Student Comments:

_____

_____

_____

_____

Statement of Understanding:

I request that an assessment of my current transcript be conducted for the purpose of reviewing courses taken toward completion of my academic program to help determine courses which remain outstanding. I understand that it is *my responsibility to select the appropriate courses for graduation purposes* and that any subsequent changes to my transcript, by way of adding or dropping courses, or unsuccessful completion of a course or courses, will affect the outcome of this assessment.

By signing this form, I understand that this is an **unofficial assessment only** and not intended as academic advice.

_____	_____
Date	**Student Signature**

OFFICE USE ONLY

Academic Calendar: _____ Program Assessed: _____

Assessor: _____ Assessment Date: _____

Student Contact Date: _____

Additional Comments: