



TEXAS TECH UNIVERSITY

College of Agricultural Sciences & Natural Resources™

REQUEST FOR SENIOR AUDIT

This portion to be completed by student.

All students will need to complete a departmental check sheet along with the Senior Audit form. Students will need to save Senior Audit form and email as an attachment to their departmental advisor for approval. Some advisors may require a face to face meeting before signing. Advisors will then email the Senior Audit to the Department Chair and CASNR Dean's Office for final signatures. Senior Audits that are incomplete or do not have all signatures will not be processed.

Today's Date: _____

Proposed Month and Year of Graduation:

December

May

August

(Year)

Year of Catalog Used for Course Requirements: _____

Print full name AS IT SHOULD APPEAR ON DIPLOMA:

(First) (Middle) (Last) R#

Major: _____ Specialization: _____

Minor: _____

(Approved Minor Form with Signature must be on file in Dean's Office)

Second Major (if applicable): _____

Name and Major are released to appear in Commencement Program:

Yes

No

Permanent Address: _____
(Address, City, State and Zip)

Local Address: _____
(Address, City, State and Zip)

Local Phone: _____ TTU Email Address: _____

Parents' Name: _____

Parents' Address: _____

Spouse's Name: _____
(if applicable)

This portion is to be completed by an academic advisor.

Writing Intensive Courses:

Foreign Language: (beginning Fall 1991 student must have completed 2 years credit of the same foreign language in high school or will need to complete 1 year of the same foreign language in college)

Multicultural Requirement: Student fulfilled requirement by _____
(Effective for students entering Fall 1997)

Substitutions:

_____ for _____ Reason: _____

_____ for _____ Reason: _____

_____ for _____ Reason: _____

_____ for _____ Reason: _____

_____ for _____ Reason: _____

_____ for _____ Reason: _____

_____ for _____ Reason: _____

_____ for _____ Reason: _____

(Student's Signature)

(Date Submitted)

Recommended By: _____
(Advisor)

(Department Chairman)

Approved By: _____
(Assistant Dean)

(Date Approved)

NOTE: Submit one copy of your completed departmental checksheet with this form.