

Update Academic Degree Audit Request Form

Averett University
420 West Main Street
Danville, VA 24541
Phone: 434-791-5600 or 1-800-AVERETT
Fax: 434-791-7181

Student Name: _____
Email: _____

Student ID # P000 _____
Advisor: _____

Class:

- | | |
|---|---|
| <input type="checkbox"/> Freshman
(0-29 credit hours) | <input type="checkbox"/> Sophomore
(30-59 credit hours) |
| <input type="checkbox"/> Junior
(60-89 credit hours) | <input type="checkbox"/> Senior
(90+ credit hours) |

Degree:

- Bachelor of Arts (B.A.)**
 Bachelor of Applied Science (B.A.S)
 Bachelor of Science (B.S)

Major 1: _____

Minor 1: _____

Major 2: _____

Minor 2: _____

Major 3: _____

Minor 3: _____

** This form does not substitute for the Change in Advisor, Major, or Minor Form. If you would like to make changes in your advisor, major(s), or minor(s), you must complete the Change in Advisor, Major, and Minor Form.

Student Signature: _____

Date: _____

Office Use Only:	
Received by (initials):	_____
Date Received in office:	_____
Completed by (initials):	_____
Date emailed to student/advisor:	_____