

Updated Academic Degree Audit Request Form

Averett University
420 Westamin Street
Danville, VA 24541
Phone: 494-791-5838 or 1-800-AVERETT, EXT. 15838
Fax: 434-791-7181

Student Name: _____

Student ID: _____

Student Email: _____

Advisor: _____

Class: **Freshman**
_____ (0-29 Credit Hours)

Sophomore
_____ (30-59 Credit Hours)

Junior
_____ (60-89 Credit Hours)

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, or Minor Form.

Student Signature: _____

Date: _____

Office Use Only:	
Received by (Initials): _____	Completed By: _____
Date received in office: _____	Date sent to Std/ADV: _____