WASHINGTON COLLEGE
EST. 1782

Office of the Registrar
300 Washington Avenue • Chestertown, MD 21620
PHONE 410-778-7299 • FAX 410-810-7159
EMAIL registrar@washcoll.edu
WEB registrar.washcoll.edu

DEGREE COMPLETION AUDIT REQUEST

Students may use this form to request a comprehensive evaluation of all remaining degree requirements normally verified by the Registrar's Office (e.g. total number of credits, cumulative grade point average, completion of distributions, the number of writing intensive courses and "D" grades, and completion of a Senior Capstone Experience). Other items to be evaluated should be specified in the "Specific Request" area below. Completion of major, minor and concentration or specialization requirements are evaluated by your faculty advisor(s) in consultation with the department chair(s) for your program of study.

Instructions:

1. Complete and submit this form to the Registrar's Office.
2. Please allow at least five business days for degree completion audit results.
3. If you have any questions after you receive your degree completion audit, please email *registrar@washcoll.edu*.

Last Name	First Name	MI	Washington College ID#
			/ /
Degree Program / Major	Start Term at WC	Current Class Year	Date of Birth (mm/dd/yy)
Email Address	Telephone Number		Campus Box #

Please send my completed audit to:

- ❑ The campus box listed above
- ❑ My legal/permanent home address
- ❑ My advisor(s) via campus mail
- ❑ I will pick up in the Registrar's Office
- ❑ The address to the right:

- ❑ I would like to request a meeting with the Registrar to discuss this audit after it is completed.

Address _____

_____

_____

City _____

State _____ **Zip** _____

Specific Request: _____

_____

_____

Student Signature	Date

FOR OFFICE USE ONLY

Date received: _____ Completed: _____ ❑ Copy to student file

Rev. 7/16/2012