

# Degree Audit Request Form

Student Email

Confirm Email

Student ID Number

Degree Plan

Catalog Year

## Request Type

- Substitution (Applied Science and Certificates Only)
- Military Transcript Evaluation
- International Transcript Evaluation

Change Catalog Year

(Catalog must be [Active](#))

College Attended

(transcript must be submitted to admissions)

Course Review/Evaluation

(Only if an initial transcript evaluation has been completed)

Current Degree Plan Review

(select if completed course work may not have been applied to your degree plan correctly)

## ONLY COMPLETE SECTIONS BELOW BASED UPON REQUEST TYPE

### Course Review/Evaluation

Course taken at other institution

College Attended

Course Description

Course taken at other institution

College Attended

Course Description

Course taken at other institution

College Attended

Course Description

**Substitution Request**

Degree Plan

Catalog Year

Course Required

Course Considered

Course Description (if not DCCCD)

**Current Degree Plan Review**

Course Taken

Degree Requirement in Question

**Signature:**

I(the student) acknowledge I have read the above reminders and agree I have not violated any. It will be my responsibility if the request is denied or not processed in a timely manner if all requirements are not met.

Student Signature

Advisor/Faculty Signature

**Comments (as needed):**