

*Electronic Degree Audit Adjustment Request Form

Name:					SID/SS#:	
_	LN,	FN	MI			
Email:			Local/Cel	ll Phone:		
Major(s):				Degree:	ВА	BS
Category	of requested co	orrection:			circle o	ne
(Please als	o give details in sect	ion below)				
	USP Math				Internat	ional student (FL waiver)
	USP Foreign Language USP Inference USP Written Communication USP Oral Communication USP Natural Science USP Social Science USP Humanities				Disabili	y substitution course
					A&S Fo	reign Language
					A&S Na	atural Science
					A&SSo	cial Science
					A&SHı	umanities
					A&S La	ıb
					39 hour	(300+)
	USP Cross Cul	tural			60 hour	(math/science)
	HON 3 course waiver				90 hour (A&S)	
	Other:					
Choose a	SAT/ACT Sco AP Credit (list Foreign Langu	elow or Explain clore (list score/section): scores/courses): lage Placement Score (libroved course substitution	ist placement):	tment(s)	you are	Please print this form and turn it in to 257 POT.
Student's Sig	nature:			Today's date:		