

Degree Audit Report Request

 Currently or Previously Enrolled Student Yes No

Info Verified By: _____

 Last Name: _____
 First Name: _____ Date of Birth: _____
 Middle Initial: _____ SSN: _____ T Number: _____
 Other Names Used: _____
 Mailing Address: _____ Apt. Number: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____

Reason for requesting audit of courses:

-
- Academic progress
-
- Financial Aid file
-
- Transfer credit evaluation

Degree Program (goal and major) for audit:

-
- Associate of Arts
-
-
- General Transfer or
-
- Specify emphasis _____
-
-
- Associate of Science
-
-
- General Transfer or
-
- Specify emphasis _____
-
-
- Associate of General Studies
-
-
- Associate of Applied Science
-
- Specify emphasis _____
-
-
- Certificate of Achievement
-
- Specify emphasis _____

If you are uncertain or undecided about your educational goal or major, we recommend that you make an appointment with an advisor at 775-673-7060.

Education completed:

-
- TMCC courses only
-
-
- Courses from other schools

List all other colleges or universities attended

 Institution: _____ Credits earned: _____
 Institution: _____ Credits earned: _____
 Institution: _____ Credits earned: _____

| Posted |
|--------|
| Y N |
| Y N |
| Y N |

Official Transcripts – sent directly from the institution to TMCC

Before the DAR can be completed – it is the student's responsibility to ensure transcripts are on file in admissions and records.

 Certificates or other non-traditional education

Please specify type of training, examination, or life experience to be evaluated and submit official support documents.

Signature

Date

 Mail this completed form to: Admissions and Records / 7000 Dandini Blvd., RDMT 319 / Reno, NV 89512-3999
 Or fax to 775-673-7028