SHENANDOAH™
UNIVERSITY

Request for Degree Audit Adjustments

Note: There may be some situations that cannot be automated and must be tracked on an individual basis by the department.

Student's Name: _____

Student's ID #: _____ Student's Program: _____

Course Exceptions:

1 -Number & Title of course to use as substitution: _____

If transfer credit, name of institution: _____

Number & Title of course for which substitution is being made: _____

Explanation for substitution: _____

_____

2 -Number & Title of course to use as substitution: _____

If transfer credit, name of institution: _____

Number & Title of course for which substitution is being made: _____

Explanation for substitution: _____

_____

3 -Number & Title of course to use as substitution: _____

If transfer credit, name of institution: _____

Number & Title of course for which substitution is being made: _____

Explanation for substitution: _____

_____

Other Exceptions: (Check which applies)

☐ Accept a course grade lower than the minimum

☐ Change credits required

☐ Waive or change a requirement such as a gen-ed domain

☐ Grant an exception to the GPA for a requirement

☐ Grant an exception to the number of sub requirements needed to satisfy a requirement

☐ Replace an entire requirement

☐ Waive Residency Requirement

☐ Other

Explanation (please be specific) : _____

_____

_____

Obtain the following required signatures and then return this form to the Registrar's Office.

Advisor: _____ Date: _____

Department Chair: _____ Date: _____

Dean/Director: _____ Date: _____

Updated 10/19/12 - VJT