

# Degree Audit Session For Graduation Candidates

- Expected Graduation Term:
- Full Name:
- Student ID:
- Major 1:
- Major 2:
- Minor:
- Specialization:

Date(mm/dd/yy): \_\_\_\_\_

Student signature \_\_\_\_\_

# NOTES

Please let us know anything you would like to inform us regarding your academic issues related to graduation.

\*List the three elective courses for TSM major requirements

- 1) EST
- 2) EST
- 3) EST

\*List the courses you have completed for specialization

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)

\*Any other comments?