



DEGREE AUDIT REQUEST

Instructions:

1. Complete and submit this form to the Registrar's Office.
2. Please allow two to three weeks for degree audit results.
3. If you have questions after you receive your degree audit, please email registrar@welseyseminary.edu.

--	--	--

Last Name

First Name

MI

--	--	--	--	--	--

Wesley ID

		/			/	1	9		
--	--	---	--	--	---	---	---	--	--

Date of Birth (mm/dd/yyyy)

--

Degree Program

Send completed audit to:

Address _____

**Pick up
in office**

City _____

State _____ **Zip** _____

Specific Request: _____

I hereby authorize the Office of the Registrar to perform and send this audit.

Signature

Date