



WESLEY
THEOLOGICAL SEMINARY

Office of the Registrar
4500 Massachusetts Avenue, NW • Washington, DC 20016
PHONE 202-885-8650
EMAIL registrar@wesleyseminary.edu

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@wesleyseminary.edu.

Last Name	First Name	MI

Wesley ID

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