



Complete information requested below

• PLEASE PRINT CLEARLY •

Date: _____

Student ID#: _____ Home Phone#: _____ Cell Phone#: _____

Name: _____

Last

First

Middle Initial

Address: _____

****DEGREE AUDITS WILL ONLY BE EMAILED TO RIO EMAIL ACCOUNTS.****

Advisor: _____

Semester Term & Academic Year You Plan to Finish: (Please check one)

Fall _____ Spring _____ Summer _____

Catalog you are using to complete your degree: (Please check one)

2015/2017 2017/2018 2018/2019 2019/2020 2020/2021

Degree Type: (Please check one)

Certificate AA AS AAB AAS ATS
 BA BS BFA BSN BSW BTS BSIT MEd

Major: _____

Minor: _____

2nd Major: _____

Please allow a minimum of 2 weeks for your audit request to be processed.

Bring in, fax or mail to: University of Rio Grande

Office of the Registrar, PO Box 500

Rio Grande, OH 45674

FAX: (740) 245-7445

EMAIL: records@rio.edu