

DEGREE AUDIT REPORT CORRECTION REQUEST

Name _____

Student ID Number: _____

e-mail _____

Describe suspected errors, omissions or other concerns about your DAR below.
Hand this form in to the front desk of 230 Bechtel Engineering Center from
9am-Noon or 1pm-4pm, Monday-Friday. We will respond via email within 10
working days of receiving this form.

Signature _____ Date _____