

Online O D VHM V Program Degree Audit

Email submission to gradsvcs@lsu.edu.

Attention: This IR is ONLY required for applicants in the following programs: \$ Q D O \ W L F V & L Y & R Q Q W L L O X F H V
0 D Q D J H P H Q W / H D G H U V K L S D Q G + X I P E D O 5 H L W R X U F I E U H Y U H O R, S P I R Q W D V \$ L F O R F 6 F D L
: R U N 1 R Q 7 K H V L V , I \ R X D U H P D M R U L Q J U G U P Q \ L R W & K G L I Q J H O V K H S \ O H I P H W Z 3
Coursework Earned

(if a former student)
Courses transferred
Courses attempted
Total

Required Signatures (Print and Sign Names)

Student: _____

Graduate Program Advisor: _____

Dean of the Graduate School: _____ Date: _____

For Office Use Only:
GPA: _____

REG: _____

CW: _____

TIME: _____