



Degree Audit Change Form

Email completed form and all required signatures (except Dean of Grad School) to gradsvcs@lsu.edu

Student Information:

LSU Student ID:

Official Major:

Name:

Official Minor*:

Degree Type (Ph.D. or DMA)

Courses to be Added:

Subject	Course No.	Hrs. Credit	Reason for Addition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Courses to be Deleted:

Subject	Course No.	Hrs. Credit	Reason for Deletion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required Signatures:

Committee Chair: _____ Date: _____

Dept. Chair or Graduate Advisor: _____ Date: _____

*If there is a change in the minor field requirements, the following signatures are required
Please indicate changes in minor course work with an asterisk

Minor Professor: _____ Date: _____

Minor Department Chair or Graduate Advisor: _____ Date: _____

Approved:

Dean of the Graduate School: _____ Date: _____