

# APPLIED MATHEMATICS DEGREE AUDIT

Student Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Email: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

To be completed, along with a diploma card, within the first month of the semester in which graduation is anticipated. In filling out this form, indicate the semester and year the course was or will be taken, the letter grade you received and the number of credit hours (where necessary). (T = transfer, F = fall, Su = summer, Sp = Spring and the last 2 digits of the year).

[illegible]

<i>For office use only:</i>		MAPS: _____
Total Credits completed: _____	Cumulative GPA: _____	Double Major: _____
Credits in progress: _____	APPM / MATH GPA: _____	Minor: _____

I certify that the information provided here is correct and complete.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have reviewed this degree audit. Subject to the successful completion of the courses in progress, and review by the Applied Mathematics Undergraduate Committee, this student will have satisfied the requirements for the B.S. degree in Applied Mathematics

Faculty Advisor	Date
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