

**DELAWARE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH**

.....DEGREE AUDIT

Please attach a copy of your unofficial transcript with your Application for Graduation and Audit

*Transfer credit must be approved by the end of the candidate's first semester.

Candidate Name:

Student ID Number: D

Graduate Program and Degree and Concentration:

Admission Date:

Course Prefix, Number, and Title	Credit Hours	Grade	Minimum Acceptable Grade	Semester completed / to be completed	Transfer Credit*	Course Waiver	Substitution for Course Name and Number

Candidacy Requirements and Admission Date	
Additional Requirements	
*Transfer credits must be approved via the Plan of Study form and accompanied by an official transcript by the end of the first semester of enrollment.	
Total Core Hours Required by Program = Total Elective Hours Required by Program =	

Candidate's Signature	Date
Advisor (Print)	(Signature) Date
Graduate Program Director (Print)	(Signature) Date
Dean, School of Graduate Studies and Research or Designee	Date