UNIVERSITY OF CALIFORNIA AT BERKELEY
COLLEGE OF ENGINEERING

STUDENT AFFAIRS OFFICE
308 McLAUGHLIN HALL

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 308 McLaughlin Hall from 9am-Noon or 1pm-4pm, Monday-Friday. We will respond via email within 10 working days of receiving this form.

Signature_____ Date_____