

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 230 Bechtel Engineering Center from 9am-Noon or 1pm-4pm, Monday-Friday. We will respond via email within 10 working days of receiving this form.

Signature _____ Date _____