



REQUEST FOR DEGREE AUDIT

Return completed form to:
ANGELINA COLLEGE OFFICE OF THE REGISTRAR
PO Box 1768, Lufkin, TX 75902
Phone: (936) 633-5210 Fax: (936) 633-3206
Email: grad@angelina.edu

- Your transcript will be sent to the division of your major for evaluation.
- The audit can take up to two weeks to complete.

SSN or Student ID#: _____

Name: _____

Daytime Phone #: _____

Which degree are you seeking (check one):

- Associate in Arts Associate in Science Associate in Applied Science Certificate of Completion

What is your major/degree? _____

Other Colleges Attended in which you have credits needed toward this degree:

(Only **Official transcripts** will be evaluated, so please make sure all transcripts have been submitted.)

Send result to:

- My AC student email account.**
- I will pick up my degree audit in the division office.**
- I am a Veteran. Please email a copy of the completed degree audit to the Veteran Certifying Official.**

Student Signature: _____

Date: _____