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: _____________________