Senior Audit Form - Animal Sciences

Name: _____ UID: _____

Permanent Address: _____ (Street) _____ (City) _____ (State)

Expected Graduation Term: _____ ANSC Option: _____ Advisor: _____

Courses still to be completed (indicate prefix, number, credits, and category [eg SP])

CORE/ GEN ED:	MAJOR:	SUPPORTING:
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )

Credits

# of credits in courses still to be completed: _____

Transfer and/or AP/IB: _____

Already Completed (at UMCP): _____

Currently Enrolled In: _____

TOTAL: _____

If total is NOT equal to 120 or greater, indicate number of elective credits needed to reach 120 here: _____

_____ (Student's Signature) _____ E-mail Address _____ (Date)

_____ (Advisor's Signature) _____ (Printed last name) _____ (Date)

_____ Undergraduate Office _____ (Printed last name) _____ (Date)