UNDERGRADUATE AUDIT REQUEST FORM

Name: ____________________________ Date: ________________

SID #: ____________________________ Phone #: ____________________________

Major: ____________________________ Email: ____________________________

Elementary Ed Area of Emphasis: ____________________________ Advisor’s Name: ____________________________

Secondary Education double majors, please indicate your content area double major (e.g. Math, History, English, etc.): ____________________________

Please list the courses you are enrolled in this semester. In addition, include courses you are registered for in an upcoming winter or summer session.

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

Do you have any transfer courses pending? __________________________________________
From which institution? __________________________________________

Do you have a Bachelor’s degree? __________________________________________
From which institution? __________________________________________

Do you have an Associate of Arts degree from a Maryland Community College? __________________________________________
From which institution? __________________________________________

Do you have an Associate of Arts in Teaching (AAT) degree from a MDCC? __________________________________________
From which institution? __________________________________________

Anticipated date of Student Teaching __________________________________________

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ADVISOR’S NOTES