DELAWARE STATE UNIVERSITY
GRADUATE STUDIES AND RESEARCH

DEGREE AUDIT

Please attach a copy of your unofficial transcript with your Application for Graduation and Audit
***Transfer credit must be approved by the end of the candidate's first semester.**

Candidate Name:

Student ID Number: D

Graduate Program and Degree and Concentration:

Admission Date:

Course Prefix, Number, and Title	Credit Hours	Grade	Minimum Acceptable Grade	Semester completed / to be completed	Transfer Credit*	Course Waiver	Substitution for Course Name and Number
Candidacy Requirements and Admission Date							
Additional Requirements							
***Transfer credits must be approved via the Plan of Study form and accompanied by an official transcript by the end of the first semester of enrollment.**							
Total Core Hours Required by Program = **Total Elective Hours Required by Program =**							

Candidate's Signature **Date**

Advisor (Print) **(Signature)** **Date**

Graduate Program Director (Print) **(Signature)** **Date**

Dean, School of Graduate, Adult and Extended Studies or Designee **Date**