

DEGREE/DIPLOMA/CERTIFICATE AUDIT REQUEST

*Big Sandy Community & Technical College
Admissions & Records Offices*

Mayo Campus
513 Third Street
Paintsville, KY 41240

Pikeville Campus
120 Riverfill Drive
Pikeville, KY 41501

Prestonsburg Campus
One Bert T. Combs Drive
Prestonsburg, KY 41653

Today's Date _____

ID# _____ SS# (Optional) _____

Name _____

Mailing Address _____

City/State/Zip _____

Telephone # _____ Date of Birth _____

Academic Program Plan _____

Academic Assigned Advisor _____

NOTE: This is a request for an Audit and DOES NOT take the place of the Graduation Application, which must be completed by you during the semester you plan to graduate. Refer to the Academic Calendar for the deadline date for each semester.

Please indicate desired action:

_____ I will pick up the Audit (available in 10 working days from date of request).

_____ I wish to have the Audit mailed to me at the above address.

_____ I wish to have the Audit forwarded to my advisor.

I am requesting an audit for the degree, diploma, and/or certificate indicated on the following page(s):