



NMSU Graduate School
 Educational Services Building Room 301
 MSC 3GS P.O. Box 30001
 Phone: 575-646-5746 Fax: 575-646-7758
<http://Gradschool.nmsu.edu>

Graduate School Use Only Sent and Processed by: _____ Date: _____

Degree Audit Exception Form

Student Last Name:		Student First Name:	
Student ID:		Student Email:	
Degree:		Major:	
Minor(s):		Concentration(s):	

Email completed form to graddocs@nmsu.edu

COURSES:

Course Requirement in Degree Audit: <i>Please provide course number, course title, and credit hours.</i>	To be replaced by: <i>If the courses listed here are from another university, please attach the Transfer of Credit Form.</i>

Master's and Educational Specialist only: *If courses in exception are older than 7 years, an approved memo from the Graduate School must accompany this form.*

COMMENTS:

APPROVALS	Printed or Typed Name	Signature	Date
Student:			
Advisor:			
Minor Faculty:			
Department Head:			
Graduate School:			