

## CURRICULUM AUDIT FORM

Program: \_\_\_\_\_

Degree: \_\_\_\_\_

Student Name: \_\_\_\_\_

V-Number: \_\_\_\_\_

Course Name	Credit Hours	Semester Taken	Grade
<b>PROGRAM CORE</b>			
Total			
<b>ELECTIVES</b>			
Total			
<b>THESIS OPTION</b>			
Total			
<b>MASTER'S PROJECT</b>			
Total			
<b>GRADUATE SEMINAR</b>			
Total			
<b>OTHER</b>			
Total			
<b>Total Credit Hours</b>			

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COGS Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_