

Audit of Record Form



Student's Information:

Date: _____

Student's Name (Print) _____ TNumber _____

Local Mailing Address _____
Street Address City State Zip Code

Telephone Number: (____) _____

Student's Signature _____

Missing Course or Credit Taken at TSU:

| <i>Semester</i> | <i>Year</i> | <i>Instructor</i> | <i>Course and Number</i> |
|-----------------|-------------|-------------------|--------------------------|
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Missing Transfer Credit:

| <i>Semester</i> | <i>Year</i> | <i>Institution</i> | <i>Course and Number</i> |
|-----------------|-------------|--------------------|--------------------------|
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Repeat Courses Not Shown:

| <i>Semester</i> | <i>Year</i> | <i>Course Title</i> | <i>Course and Number</i> |
|-----------------|-------------|---------------------|--------------------------|
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**Please allow 2-3 working days for completion during non-peak times; 3-5 working days during peak times*