

**COLLEGE OF ARTS AND SCIENCES
REQUEST FOR A DEGREE EVALUATION**

NAME: _____

DATE: _____

(Expect evaluation no sooner than 10 working days)

Uof H ID# _____

LOCAL ADDRESS TO WHICH EVALUATION
SHOULD BE MAILED:

DEGREE: A.A. _____ A.S. _____ B.A. _____ B.S. _____
M.A. _____ M.S. _____ M.S.O.B. _____ 6th. Year _____ PSY.D. _____

MAJOR: _____ EMPHASIS _____

MINOR: _____

PHONE: _____

ADVISOR: _____

EXPECTED DATE OF
GRADUATION: _____

BULLETIN: _____
(year entered University)

EMAIL ADDRESS: _____

IS THIS YOUR 1ST EVALUATION REQUEST? YES _____ NO _____

RETURN TO A&S EVALUATOR, H228