

**Degree Audit Change Form**

Email completed form and all required signatures (except Dean of Grad School) to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).

**Student Information:**

LSU Student ID:

Official Major:

Name:

Official Minor\*:

Degree Type (Ph.D. or DMA):

**Courses to be Added:**

Subject	Course No.	Hrs. Credit	Reason for Addition

**Courses to be Deleted:**

Subject	Course No.	Hrs. Credit	Reason for Deletion

**Required Signatures:**

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair or Graduate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If there is a change in the minor field requirements, the following signatures are required:  
Please indicate changes in minor course work with an asterisk.**

Minor Professor: \_\_\_\_\_ Date: \_\_

Minor Department Chair or Graduate Advisor: \_\_\_\_\_ Date: \_\_

**Approved:**

Dean of the Graduate School: \_\_\_\_\_ Date: \_\_