

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>

Missing Transfer Credit:

<i>Semester</i>	<i>Year</i>	<i>Institution</i>	<i>Course and Number</i>

Repeat Courses Not Shown:

<i>Semester</i>	<i>Year</i>	<i>Course Title</i>	<i>Course and Number</i>

**Please allow 2-3 working days for completion during non-peak times; 3-5 working days during peak times*