

# Interdenominational Theological Center

Office of the Registrar  
700 Martin Luther King Jr. Drive  
Atlanta, Georgia 30314  
404-527-7707

## **Request for Degree Audit Form**

This is a request for an audit of all the courses taken to date.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Phone Number \_\_\_\_\_ Advisor \_\_\_\_\_

Present classification \_\_\_\_\_

Currently enrolled in the \_\_\_\_\_  
(Degree Program)

Concentration \_\_\_\_\_

Expected graduation \_\_\_\_\_  
(Semester and year)