REQUEST for ACADEMIC EVALUATION

Office of Records & Registration – Daytona Beach

Please Read:

- **You are entitled to ONE academic evaluation per year.**
- **When applying for GRADUATION this form is NOT required.**
- **Your evaluation will be sent to your ERAU mailbox within 30 days of request.**

NAME: _____
LAST **FIRST** **MI**

STUDENT #: _____ ERAU BOX #:_____

DEGREE PROGRAM: _____ Email Address:_____

If you desire a CHANGE OF PROGRAM or CATALOG you must complete an Academic Change form with the required faculty/program signatures. An official evaluation will automatically be done at that time.

Your signature constitutes an official declaration of the additions/changes to program information below.

AOC/Specialization/Option/Track:

_____ Add or Cancel (circle one)

_____ Add or Cancel (circle one)

Minors:

_____ Add or Cancel (circle one)

_____ Add or Cancel (circle one)

_____ _____
STUDENT SIGNATURE **DATE OF REQUEST**