



Robert D. Clark Honors College

(541) 346-5414 • honors@uoregon.edu • honors.uoregon.edu

Graduation Audit

UO ID: _____ Doc: **Advising** Pick: **Course Requirement Progress/Audit**

Student Name: _____ Admit date: _____
Last First MI Term Year

Email: _____ Phone: _____ CHC Advisor: _____

Major(s): _____ Degree Type: _____ Projected Graduation date: _____
Term Year

A checked box indicates the course has been completed or is in progress: Use pull-downs to indicate completion term and year. Amplify with notes as necessary. Use DuckWeb to consult Degree Audit and, when necessary, Transcript.

5 courses	Course number	Date	Course number	Date	One (1) Research Course	Date
LIT	<input type="checkbox"/> HC 221	F'	<input type="checkbox"/> HC 222	W'	<input type="checkbox"/> HC 223	S'
HIST	<input type="checkbox"/> HC 231	F'	<input type="checkbox"/> HC 232	W'	<input type="checkbox"/> HC 233	S'

4 courses	Course number & title	Date	Course number & title	Date
MATH &	<input type="checkbox"/>	,	<input type="checkbox"/>	,
SCIENCE	<input type="checkbox"/> +Lab	,	<input type="checkbox"/>	,

5 courses	Mandatory course number & title (3)	Date	Elective course number & title (2)	Date
COLLOQUIA	<input type="checkbox"/> HC 421	,	<input type="checkbox"/>	,
	<input type="checkbox"/> HC 431	,	<input type="checkbox"/>	,
	<input type="checkbox"/> HC 441	,	Notes:	

MULTICULTURAL	IP/IC/AC Course number & title	Date	IP/IC/AC Course number & title	Date
<input type="checkbox"/>		,	<input type="checkbox"/>	,

FOREIGN LANGUAGE: _____ <input type="checkbox"/> 2 nd year courses or test level	Cumulative UO GPA: _____
THESIS: <input type="checkbox"/> HC 408 Thesis Orientation	<input type="checkbox"/> HC 477 Thesis Prospectus
Projected Defense term: _____	

Notes: _____
 _____ continue on reverse

I have reviewed the Duckweb Degree Audit with the student and verified requirements. The student has agreed to complete any outstanding coursework to meet graduation requirements in time for the projected graduation term and year.

CHC Thesis Prospectus Instructor (please print) _____ CRN: _____

CHC Thesis Prospectus Instructor Signature _____ Date: _____

Student Signature _____ Date: _____

Student: *A grade will not be issued until you submit this completed form to your Thesis Prospectus instructor. Please adhere to the deadlines as determined by your instructor. Students and advisors may use this form at any time to check academic progress.*
Thesis Prospectus Instructor: *Please return completed forms to the CHC Academic Coordinator.*

Audit Checks:	<i>Administrative Use Only</i>
Preliminary: _____ <small>Academic Coordinator Date</small>	Final: _____ <small>Academic Coordinator Date</small>