
NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY
REQUEST FOR DEGREE AUDIT

Name: _____ **ID#:** _____
Email: _____ **Address:** _____
Date: _____

Major #1: _____ **Advisor:** _____

Major #2: _____ **Date of Intended Graduation:** _____

Year of Catalog: _____ **Date of previous Degree Audit:** _____

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