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NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY  
**REQUEST FOR DEGREE AUDIT**

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Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
Date: \_\_\_\_\_

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Major #1: \_\_\_\_\_ Advisor: \_\_\_\_\_

Major #2: \_\_\_\_\_ Date of Intended Graduation: \_\_\_\_\_

Minor: \_\_\_\_\_

Year of Catalog: \_\_\_\_\_ Date of previous Degree Audit: \_\_\_\_\_

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**Please allow 30 days for your Degree Audit to be processed except during April, May,  
and August when processing may take longer.**

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