

DOC Type: DP

Description: _____

Texas Woman's University Degree Plan Verification for BGS DARS Degree Audit

Student Name: _____ ID# _____

Permanent Address: _____

TWU Semester Start Date: _____ Catalog Year: _____

Anticipated Graduation Date: _____ Date of DARS Audit: _____

Degree: Bachelor of General Studies Major: General Studies

1st Area of Concentration: _____

2nd Area of Concentration: _____

3rd Area of Concentration: _____

Core Complete at another school? YES NO

School: _____ Date Core Completed: _____
(Core completion must be posted to TWU transcript in order for credit to be given)

By signing this form the student and advisor acknowledge the terms and requirements needed to complete the DARS audit viewed on the date listed above. The student and advisor agree that the unfulfilled requirements on the DARS audit will be completed by the graduation date. All Substitution Forms must be submitted to the Registrar's office before the date of graduation. If requirements are not met the student will be responsible for re-applying for graduation and paying the appropriate fees.

Student Signature: _____ Date: _____

BGS Advisor: _____ Date: _____

Filed in Department by: _____ Date: _____

Be sure to apply for graduation via Pioneer portal by application deadline date.

Graduation Application deadline dates can be viewed at: www.twu.edu/academics/catalogs.html