**VSB Senior Audit**

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| **Student Name**: |  **­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_** | **Major (s)**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Student ID #**: |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Minor (s)**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Catalog Year**: |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Cum GPA**:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Study Abroad Experience**: **\_\_\_\_\_\_\_\_\_** |
| **Tech GPA**:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

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| 1. Credits earned to date: | 9\_\_\_ |
| 2. Credits enrolled in the Fall: | \_\_\_ |
| 3. Total credits by the end of the Fall (*Total of Items #1 and #2)*: | \_\_\_  |
| 4. Credits to be taken after the Fall (**Maximum credits per semester are 19 cr.**) | \_\_\_\_ |

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| **Requirement** | **Course Title** | **Credits** | **To Be Taken Spring | After Spring** |
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| 5. Anticipating credits from a completed Study Abroad program or Summer School: | \_\_\_\_ |

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| **College** | **Requirement** | **Course Title** | **Credits** |
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| 6. Grand Total (*Total of Items #3, #4 and #5)*:  | \_\_\_\_ |

**Participation in Graduation Ceremonies**:Students within nine (9) credits of fulfilling their degree requirements or students who can complete their degree requirements before the fall 2016 semester may participate in University Commencement and the VSB Recognition Ceremony in May although their names will not be listed in the commencement program.

*Please also note:* ***It is the responsibility of the student to know and comply with all academic policies and regulations of the University and the Villanova School of Business.******Please run an on-line audit after your spring registration to make sure all areas are “MET”. Please check in with the Clay Center immediately if there is a discrepancy.***

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clay Center Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Official Use Only:*** *Please list any special circumstances here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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