

Degree Review for Former Undergraduate Students

This form is to request a review of undergraduate degree status for former students who have not been enrolled within the last 5 years. Please fill out the information below. Your request will be reviewed by the Degree Evaluations Office. **Please be aware that your request may take several months.** Submit your request to the following address:

Office of the University Registrar
Degree Evaluations
California State University, Sacramento
6000 J Street, Lassen Hall
Sacramento, CA 95819-6048

PLEASE PRINT IN BLUE OR BLACK INK				
Student ID #	Date of Birth			
Sac State Record Name	Last	First	Mido	lle
Address				
City	S	tate	Zip	
Daytime Phone		_Email		
Last Attended Sac State Sec	mester Year	Prior Graduation Date	Semester	Year
Major		Minor		
If you have been working wit list name and office:				
Please list other schools atten	ded and dates of att	tendance after leaving Sac	State:	
Do you plan on completing y				
Anticipate completing degree	by:			
STUDENT'S SIGNATURE	<u>, </u>	DATE		
For Office Use O	nly			

Initials:

Date Logged: