



Pre-Graduation Audit Request

For students who have completed at least 34 semester hours toward a degree or 15 semester hours toward a certificate.

Date: _____ Name: _____

Issuer's
Initials

SSN: _____ Daytime Phone: _____

Degree / Field of Study: _____ Copy to: _____

Which catalog year have you followed to complete your program requirements? _____

Previously earned Lake Michigan College degrees: _____

I have transfer credits from: _____

Choose One :

Please **mail** my audit to

Address

Address – Second Line

City, State, Zip

OR

Please **email** my audit in an
MS Excel spreadsheet format to

Email Address

*Submit to Lauren Kron - Records Department, 2755 E. Napier, Benton Harbor, MI Benton Harbor, MI 49022
or fax to (269) 927-6874*