

**Division of Kinesiology
Degree Audit Report
Request for Exception Processing**

**Return the completed form to the Kinesiology Front Desk
Room 3745 Kinesiology Building
734-764-4472**

Name: _____

Date: _____ UMID: _____

Major: AT MOVESCI PHYSED SM Bulletin Year: _____

Level: Frosh Soph Junior Senior Credits toward program: _____

Faculty Advisor: _____

Faculty Advisor assignments are posted in the Kinesiology lobby, 3745 Kinesiology Building

OSS Advisor: _____

Shelly Kovacs, Martha Reck, Angie Sullivan, or Kim Elliott

Please describe, in detail, the missing exception or requirement. Use additional paper if necessary. Please attach a current copy of your degree audit report.

Required courses in Kinesiology: _____

Required courses in Major: _____

Required courses in Minor: _____

Distribution requirements: _____

Electives: _____

Cognates: _____
