

Degree Audit Report (DARS) Correction Request

Date _____

Name _____

SID # _____ Email _____

NOTE: If you believe there is a mistake regarding:

- Subject A, please go to 216 Dwinelle Annex.
- your major requirements, please contact your department.
- the American History and/or Institutions requirement(s), please go to 110 Sproul Hall.
- the American Cultures requirement, please go to 120 Sproul Hall.

Please attach a copy of your DARS to this form circling or highlighting anything you think is in error. In addition, describe other suspected errors, omissions, or other concerns below. We will respond via e-mail within 10 working days of receipt.

If you are requesting an exception, please attach course description and syllabus.

Term Taken	UCB Requirement	Grade	Units	College	Course Taken
Example: Sp 07	Arts & Literature	A+	3	UCB	Music 142

Student Signature _____

For Office Use Only

DARS CASE #	DATE SUBMITTED
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