



Lake Superior College

Where *Tomorrow Starts Today!*

# MINNESOTA TRANSFER CURRICULUM AUDIT REQUEST

*Must have DARS audit attached*

Husky ID \_\_\_\_\_ Completion Term: Fall Spring Summer Year \_\_\_\_\_

\_\_\_\_\_  
Student Last Name (PRINT)

\_\_\_\_\_  
Student First Name (PRINT)

\_\_\_\_\_  
MI

AUDIT COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Counselor signature

POSTED TO ACADEMIC RECORD: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registrar or designee