



GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar
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Degree Audit Request

I am a: Current Student Applicant Former Gateway Seminary Student Other _____

Last Name: _____ First Name: _____ ID #: _____

Email: _____ Phone: (____) _____ - _____

Year/Term: 20____ / _____ Hrs completed: _____ Current GPA: _____

Campus: AZC BAC ONLN ONT PNWC RMC

Degree: Dp.Div. Dp.C.C. Dp.E.L. Dp.G.E. Dp.I.S. Dp.T.E. Dp.T.S

MACC MGE MAIS MTE MTS

MAEL - Concentration: _____

MDIV - Concentration/Advanced Track: _____

Anticipated Graduation Date: _____

(if you are planning on graduating this semester or next, please submit the graduation application instead. A degree audit will be emailed to you once we receive the graduation application.)

Reason for Request: _____

Results will be sent via email.

Signature: _____

Date: _____

REGISTRAR OFFICE USE ONLY

Date processed: _____ Initials: _____

Fee: Waived Charged