



## Iowa Western Community College Official Degree Audit Request

Date \_\_\_\_\_

Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Major/Program \_\_\_\_\_

\_\_\_\_\_ I have transfer credit from another college.

*Your official degree audit will be emailed or mailed to you.  
Please select only one of the following options:*

\_\_\_\_\_ Email Address  
\_\_\_\_\_

\_\_\_\_\_ Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail or Fax your request to the following address:

Iowa Western Community College  
2700 College Road  
Council Bluffs, IA 51503

Fax (712) 325-3720