Grading Option Change

Student Information

M-number __________________________  Last Name __________________________  First Name __________________________

Course Information

CRN # __________________________  Semester/Year __________________________

Course Subject/Number (ex. BUS 1100)

Grading Option Change

[ ] Pass – Fail (P)
[ ] Audit (V)

Academic Advisor (Print Name) __________________________  Signature __________________________  Date __________________________

Course Instructor (Print Name) __________________________  Signature __________________________  Date __________________________

Completed form must be submitted to the Registrar's Office

Revised 8/27/2018