GRADING OPTION CHANGE

Student M-number ___________________________  Student Name ___________________________

Course Information

CRN _______________  Semester / Year _______________  Course Subject/Number _______________

Grading Option Change  

_____ Pass (S) Fail (P)

_____ Audit (V)

Approvals

Academic Advisor ___________________________  ___________________________  _____________

PRINT NAME  SIGNATURE  DATE

Instructor ___________________________  ___________________________  _____________

PRINT NAME  SIGNATURE  DATE

Submit the completed form to the Registrar’s Office for processing.

Registrar’s Office
130 Administration Building
registrar@mtu.edu
906-487-2319