The Office of the Registrar/Student Services  
Grade Option Change Request Form

1) STUDENT ID NUMBER AND NAME:

Continuing Education Student ID Number: ____________________________

Last: ____________________________  First: ____________________________  Middle: ____________________________

(Please print your name as it appears on your Continuing Education record)

Address: ____________________________

City: ____________________________  State: ____________________________  Zip: ____________  Phone: ____________________________

Email Address: ____________________________

2) GRADE TO BE CHANGED:

Change in Grade Option Policy: Changes in the grading option must be made prior to the last class meeting. Grade options may not be changed by the course instructor. Please note that certain certificate programs require that courses be taken for a letter grade option. If you have questions regarding your program requirements, please contact the appropriate program department representative for further information.

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<tr>
<th>Year/Quarter</th>
<th>Course Reg #</th>
<th>Course Department/Number (i.e. MGMT X442.12)</th>
<th>Grade option (Please check one)</th>
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3) Student Signature __________________________________________  Date: ____________________________

Email: dce-services@uci.edu  
Mail to: UCI Division of Continuing Education, Records Office, 510 E Peltason Dr., Irvine, CA 92697  
In-Person to: Continuing Education Bldg 3, Mon-Fri 8am – 5pm