

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

**1) STUDENT ID NUMBER AND NAME:**

Continuing Education Student ID Number: 

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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.*

Year/Quarter	Course Reg #	Course Department/Number (i.e. MGMT X442.12)	Grade option (Please check one)
			Letter Grade <input type="checkbox"/> Pass/No Pass <input type="checkbox"/> Audit <input type="checkbox"/>
			Letter Grade <input type="checkbox"/> Pass/No Pass <input type="checkbox"/> Audit <input type="checkbox"/>
			Letter Grade <input type="checkbox"/> Pass/No Pass <input type="checkbox"/> Audit <input type="checkbox"/>
			Letter Grade <input type="checkbox"/> Pass/No Pass <input type="checkbox"/> Audit <input type="checkbox"/>
			Letter Grade <input type="checkbox"/> Pass/No Pass <input type="checkbox"/> Audit <input type="checkbox"/>

**3) Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_ Operator Initials: \_\_\_\_\_