GRADE OPTION CHANGE/AUDIT REQUEST FORM
Please print clearly and complete one form for each class. The instructor’s signature is required for auditing a class.

Date of Birth: 
Month Day Year

EMPL ID #: 

Name: 
Last First Middle

Course Information: 
Quarter Year

Course: 
Prefix Number Section

Please check one:  
☐ Request course to be graded on a “Credit/No Credit basis.  
☐ Request to “Audit” course. (Instructor’s signature required)

Student’s Signature
Date

Instructor’s Signature
Date

Student’s Signature
Date

Instructor’s Signature
Date