



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



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