

Registration / Records Office

Pass/Fail or Audit Request

Year: _____ Semester: _____ Fall _____ Winter _____ Spring _____ Summer I II III

SID: _____ Date: _____

Last Name: _____ First Name: _____

Check one: Pass / Fail Audit Course Number: _____
(Ex. ENG 101 001)

I understand that I do NOT have the option of requesting a different a grade for this course in the future. I also understand that I will pay full tuition and fees. I have read the College Catalog section that describes Audit and Pass/Fail grade.

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Financial Aid Signature*: _____ Date: _____

*Note: If you are receiving any form of financial aid (including TAP or a student loan) the signature of a financial aid counselor is **required**. Your financial aid could be adversely impacted by this change.

Records Office Use Only

Processed by: _____ Date: _____