

# GRADE OPTION/AUDIT REQUEST

1. Ensure completeness and accuracy of the information on this form for processing.
2. Submit this form to the Academic Program offering the course no later than the grade option/audit deadline established in the [academic regulation](#) for university grading and published on the [Enrollment Calendar](#).
3. **Grade option/audit selections are irrevocable after the deadline.**

Student Name (Last, First, M.I.)  School in which student is enrolled

Student ID  Term  Year  Career – Check Only One  
 UGRD  GRAD  LAW  DMED  MEDS

Course Subject	Course Catalog Number	Class Number	Course Title	School Offering the Course

## TO SELECT A GRADE OPTION, COMPLETE THIS SECTION

1. Verify in the Schedule of Classes that the grade option you select is available for the course.
2. Consult your advisor before requesting a grade option change.

<p>GRADE OPTIONS (Select one only)</p> <p><input type="checkbox"/> S/NC - Satisfactory/No Credit</p> <p><input type="checkbox"/> H/S/U - Honors/Satisfactory/Unsatisfactory</p> <p><input type="checkbox"/> LG - Letter Grade</p>	<p>Student Signature: _____ Date: _____</p> <p>Advisor Signature: _____ Date: _____</p> <p>Dean's Office/Designee Signature: _____ Date: _____</p>
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Check if Audit

## TO AUDIT THE CLASS, COMPLETE THIS SECTION

Student Signature: _____	Date: _____
Advisor Signature: _____	Date: _____
Instructor Signature : _____	Date: _____
Dean's Office/Designee Signature: _____	Date: _____