

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 <u>academic</u> regulation for university grading and published on the <u>Enrollment Calendar</u>.
- 3. Grade option/audit selections are irrevocable after the deadline.

Student Name (Last, First, M.I.)				School in which student is enro				
Student ID Term				Year			T – Check Only One RD ☐ GRAD ☐ LAW	DMED MED
Course Subject	Course Catalog Number	Class Number		Course Title			School Offering the Course	
Verify in the S	TO Sochedule of Classes that the			PTION, COMPLI t is available for the		SECTIO	<u>ON</u>	
2. Consult your a	advisor before requesting	a grade opti	on change.					
GRADE OPTIONS (Select one only) S/NC - Satisfactory/No Credit			Student Signature:				Date:	
H/S/U - Honors/Satisfactory/Unsatisfactory			Advisor Signature:				Date:	
LG - Letter Grade			Dean's Office/Designee Signature:				Date:	
Check if	Audit <u>T</u>	O AUDIT	THE CLAS	S, COMPLETE T	HIS SECT	ΓΙΟΝ		
Student Signature:				Date:				
Advisor Signature:				Date:				
Dean's Office/Designee Signature:				Date:				