

## 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				
			<input type="checkbox"/> UGRD	<input type="checkbox"/> GRAD	<input type="checkbox"/> LAW	DMED	<input type="checkbox"/> 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.

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

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: _____