
GRADE OPTION CHANGE

Please use this form to change the way you are evaluated in a course. You may elect the letter grade option (A, B, C, etc.) or the Pass/Fail option.

(Please print)

Date: _____ Semester/Year: _____

Name: _____ B-Number: _____

Semester: Year _____ Fall _____ Spring _____ Summer _____

Course: Name _____ Number _____ Section# _____

Change Grade From: (select one) ___ Letter ___ Pass/Fail To: (select one) ___ Letter ___ Pass/Fail

Sign and return this form in person to the Registrar's Office by the Grade Option Change deadline.

Student's Signature: _____ Date (MM/DD/YYYY): _____

Processed in the Registrar's Office on: _____ by _____