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 __________________________