GRADING BASIS CHANGE REQUEST FORM

STUDENT NAME _____ ID NUMBER _____

I request to take the following course for a (choose one):

☐ CREDIT/NO CREDIT grade ☐ LETTER grade

COURSE NUMBER_____ COURSE TITLE _____

SEMESTER: **(Check One):** ☐ **Fall** ☐ **Spring** ☐ **Summer** **YEAR: 20**_____

I understand the following criteria regarding CREDIT/NO CREDIT grades:

Students may take only one course each semester on a CR/NC basis. The grade of "CR" is given for work of "C" quality or better.

Students who elect the CR/NC option should be advised that in some cases they may experience difficulty in transferring their academic records to other undergraduate or graduate institutions or meeting their requirements in certain majors. Students are advised to check the requirements of those specific majors or institutions before deciding on the CR/NC option.

I understand that I will not receive academic credit for this course if I do not produce work of "C" quality or better.

_____

STUDENT'S SIGNATURE

I agree to give this student a Credit or No Credit (CR/NC) or Letter grade as they have designated above for my course.

INSTRUCTOR'S SIGNATURE _____ DATE _____

INSTRUCTOR'S NAME (PRINT) _____

INSTRUCTOR'S COLLEGE _____

FOR OFFICE USE ONLY

Date Processed: _____ Initials: _____