

# Graduate Student Change of Grading Option Form

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Academic Program \_\_\_\_\_

Please circle your appropriate degree category: Masters Ed. Specialist Doctoral

Are you currently receiving a tuition waiver? Yes No

Course  
Name \_\_\_\_\_

Subject \_\_\_\_\_ Catalog Number \_\_\_\_\_ Course Number \_\_\_\_\_ Units \_\_\_\_\_

Current Grading Option: A-F S/U Audit Change to: A-F S/U Audit

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Academic Unit Dean Stamp Processed by