



OFFICE OF THE REGISTRAR  
CHANGE FORM FOR PS/F, AU, CREDIT HOURS

Term & Year \_\_\_\_\_  Fall  Spring  
 Su I  Su II  Winter

Student Name: \_\_\_\_\_  
Last First M.

Student ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

PLEASE NOTE: Courses taken on Pass/Fail basis CANNOT be used to satisfy General Education or major requirements. See current catalog for complete details.

Course: \_\_\_\_\_  
Class No. Subject Area Catalog No. Section No.

Course Title: \_\_\_\_\_

Please change the above course as marked below: (Check one)

- \_\_\_\_\_ From Pass/Fail to Grade
- \_\_\_\_\_ From Grade to Pass/Fail
- \_\_\_\_\_ From Audit to Credit. \_\_\_\_\_ # of Credits
- \_\_\_\_\_ From Credit to Audit
- \_\_\_\_\_ From \_\_\_\_\_ # of Credits to \_\_\_\_\_ # of Credits

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature (when required)

\_\_\_\_\_  
Date