

Semester

Check one: _____ Winter
_____ Spring
_____ Summer I
_____ Summer II
_____ Fall



OFFICE OF THE REGISTRAR
SALISBURY UNIVERSITY

CHANGE FORM FOR PS/F, AU, CREDIT HOURS

Date: _____

Student ID Number _____

Student's Name _____
Last First M. I.

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.

Title: _____

The above course is to be changed: (Check one)

- _____ From Pass/Fail to Grade
- _____ From Grade to Pass/Fail
- _____ From Audit to Credit. No. of Credits _____
- _____ From Credit to Audit
- _____ From _____ credits to _____ credits

Student's Signature

Dean's Signature (when required)

Retain this receipt for your records.