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

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.

<table>
<thead>
<tr>
<th>Course</th>
<th>Class No.</th>
<th>Subject Area</th>
<th>Catalog No.</th>
<th>Section No.</th>
</tr>
</thead>
</table>

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 _____________

Term & Year _____ □ Fall     □ Spring
                   □ Su I     □ Su II     □ Winter