

STUDENT INFO

Student Name _____
LAST FIRST M FORMER

Student ID _____

Semester: Fall Spring Summer

Check one: Credit to Audit* Audit to Credit

| Course Code | Section | Instructor's Signature |
|-------------|---------|------------------------|
| | | |
| | | |
| | | |

Student's Signature _____ Date _____

NOTE: The deadline for credit/audit change is the same as the due date for mid-semester grades. (Refer to the Academic Calendar for the actual date.)

Return the completed form, including the instructor's signature, to the Registrar's Office on the first floor of the Field Administration Center, Room 111.

*Financial aid recipients are strongly advised to contact the Financial Aid Office prior to changing from credit to audit as this change may have an effect on the amount of aid awarded.