

Office of the Registrar REQUEST TO TAKE A COURSE

AUDIT PASS/FAIL NO CREDIT NO RECORD

Name:		ID#:	
Semester/Year:	/ Title:		
CRN:	Subject:	Course#:	Section:
Please check the grading m Audit* (Graded solely as "A")	ode you are requesting: ،U", although student may receive a V due to non	-attendance. Cost per credit is not reduced.)
	e – Standard grades A through C convert to Pass Standard grades of A through B convert to Pass; E		
■ No Credit/No Record***	(required mode for Jesuit Volunteers)		
** Courses taken as a Pass/Fai ** Courses registered as Pass	ill be reflected on the academic transcript, the 'I will not count for core, major, or minor require S/Fail cannot be converted to a standard let I/No Record will not be entered on the transcrip	ments. ter grade after the drop/add period has	
Student Signature:		[Date:
Advisor Signature:(Matriculated/Degree Seeking St	udents Only)	[Date:
College Hall Room	229 • AD Box 83 • Spokane, WA 9929	58-0083 • Telephone (509) 313-6592	• Fax (509) 313-5828 Revised 1/11/16