

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 mod Audit* (Graded solely as "AU	de you are requesting: ", although student may receive a V due to nor	n-attendance. Cost per credit is not reducer	d.)
	 Standard grades A through C convert to Passindard grades of A through B convert to Pass; 		
☐ No Credit/No Record*** (re	equired mode for Jesuit Volunteers)		
** Courses taken as a Pass/Fail v** Courses registered as Pass/I	be reflected on the academic transcript, the vill not count for core, major, or minor require Fail cannot be converted to a standard let o Record will not be entered on the transcrip	ements. tter grade after the drop/add period has	
Student Signature:			Date:
Advisor Signature:	lents Only)		Date:
College Hall Room 2	29 • AD Box 83 • Spokane, WA 992	58-0083 • Telephone (509) 313-6592	• Fax (509) 313-5828 Revised 1/11/16