THE MOMENT OF DISCOVERY

EUREKA
COLLEGE

PASS/FAIL OR AUDIT FORM

NAME: _____

                        LAST   FIRST   MIDDLE

SONISID: _____

CLASS: Freshman   Sophomore   Junior   Senior

SEMESTER: Fall   Spring   Summer   YEAR: _____

COURSE ID: _____   SEMESTER HOURS: _____

COURSE TITLE: _____

Check only one:

_____ Pass/Fail (Application must be <u>completed</u> before the 1st day of the Semester and <u>may not</u> be changed except by drop or withdrawal.)

_____ Audit   (Application must be <u>completed</u> before the 10th day of the Semester. Audit must be satisfactorily completed or assigned a grade of Withdraw.)

REQUIRED SIGNATURES:

Student: _____   Date: _____

Advisor: _____   Date: _____

Instructor: _____   Date: _____

Registrar's Office: _____   Date: _____