



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 completed before the 1st day of the Semester and may not be changed except by drop or withdrawal.)

_____ Audit (Application must be completed 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: _____