



Change of Grading Option

Registrar's Office

1409 Walnut Grove Avenue, Rosemead, CA 91770

phone 626-571-8811

Use this form to request an alternative grading option other than letter grade.

Alternative grading options are not applicable to all courses or majors. Consult with the department chair.

Pass/Not Passed grading may not be selected for courses with a minimum passing grade.

If appropriate, complete the approved form to the Registrar's Office on or before the posted deadline:

Fall & Spring Semesters: 5 pm Friday, Week 6

Summer Session 1: 5 pm Friday, Week 4

Once processed, options are not reversible after the deadline. A \$2.00 fee may be charged for changes submitted after the close of Add/Drop.

Name: _____ ID#: _____
Last / Family Name First Name

Email: _____ Program: _____

Student's Signature: _____ Date: _____

COURSE CODE *List all courses being changed*

Select one option for each class being changed

- | | | | |
|-------|--|--------------------------------|---------------------------------------|
| _____ | <input type="checkbox"/> Pass/Not Pass | <input type="checkbox"/> Audit | <input type="checkbox"/> Letter Grade |
| _____ | <input type="checkbox"/> Pass/Not Pass | <input type="checkbox"/> Audit | <input type="checkbox"/> Letter Grade |
| _____ | <input type="checkbox"/> Pass/Not Pass | <input type="checkbox"/> Audit | <input type="checkbox"/> Letter Grade |
| _____ | <input type="checkbox"/> Pass/Not Pass | <input type="checkbox"/> Audit | <input type="checkbox"/> Letter Grade |
| _____ | <input type="checkbox"/> Pass/Not Pass | <input type="checkbox"/> Audit | <input type="checkbox"/> Letter Grade |
| _____ | <input type="checkbox"/> Pass/Not Pass | <input type="checkbox"/> Audit | <input type="checkbox"/> Letter Grade |

Departmental Approvals

Program Advisor: _____ Date: _____

Program Chair: _____ Date: _____

Comments – include specific course requirements if appropriate.

Registrar's Office Processed by: _____ Date Processed: _____