



REQUEST TO CHANGE COURSE STATUS

Student Name: _____ Signature: _____

Date: _____

Course Faculty Name: _____ Signature: _____

Date: _____

Quarter and Year _____

Number of Units: 1 _____ 2 _____ 3 _____

For: Grade _____ or Pass/No-Pass _____

Course Status (Currently) Audit _____ Credit _____

Change Requested (to) Audit _____ Credit _____

Student: On a separate sheet of paper, please provide a detailed explanation for your requesting a change in course status.

Program Director approval:

Name: _____ Signature: _____

Date: _____

APPROVED: _____ DENIED: _____

If the request is denied or approved, it is the students sole responsibility to follow policies, procedures, and expectations to continue with the course as is prior to request for change in status, complete the course in its new status, or drop the course altogether.