PASS/FAIL OR AUDIT FORM

NAME: _______________________________________________________________________

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: ____________