



**REMOVE PASS/NO CREDIT DESIGNATION
Office of the Registrar**

Date: _____

Print Name: _____ Student ID #: _____ - _____ - _____
(LAST) (FIRST (MI)

Term: Fall _____ Spring _____ Summer _____ Session 1 _____ Session 2 _____ Session 3 _____
yr yr yr

E-mail address: _____ Day Phone: _____

****CRN# IS 5 DIGIT NUMBER IN LEFT COLUMN OF CLASS HOUR SCHEDULE****

CRN#: _____ (subject) (number) (section)
[Example: 8 0 2 2 9 C S C I 1 1 0 0 0 1 1]

Course Title: _____

(Student's Signature) (Date)

INSTRUCTIONS

- 1. File this form with the Registrar's Office by due date listed on the Academic Calendar.
- 2. Print your name, class, student ID number, course, number, and course title on the form. Sign and date the form

PLEASE MAKE PHOTOCOPY FOR YOUR OWN RECORDS