



**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]

Course Title: _____

(Student's Signature) (Date)

INSTRUCTIONS

1. File this form with the Registrar's Office by the end of the thirteenth week of classes (Friday), or by the end of the third week of classes in a Summer session or by the end of the fifth week of classes for half term courses. Check the calendar for the specific dates.
2. Print your name, class, student ID number, course, number, and course title on the form. Sign and date the form
3. Hand in both copies at the Registrar's Office. Your copy will be validated and returned to you at that time.
4. Keep your receipt until semester grades are posted to insure that the course is recorded on your transcript.

PLEASE MAKE PHOTOCOPY FOR YOUR OWN RECORDS