



Credit, No Credit/Audit Grading Request

Note: Proper registration into courses must be completed prior to submitting this request.

Last: _____ First: _____ M.I. _____

CSUB#: _____ Semester: _____ Year: _____

I request to take the following course(s) on an optional credit (CR), no-credit (NC), or audit (AU) grading basis.

CRN	DEPT.	COURSE	SECTION	UNITS	INDICATE CREDIT/NO-CREDIT OR AUDIT GRADING	
					CREDIT/NO-CREDIT	AUDIT
					CREDIT/NO-CREDIT	AUDIT

Advisor's Signature (Required for Credit, No-Credit Grading)

School Dean's Signature (Required for more than one CR/NC Course)

Instructor's Signature (Required for Audit Grading Only)

I am aware of the conditions and policies outlined in the CSUB catalog for Credit, No-Credit and Audit Grading.

Student's Signature

Office Use Only

By: _____ Date: _____