## ADMISSIONS AND RECORDS Pass/No Pass Grading Request

THAN 75% OF		THE COURSE FOR			IS MUB 130 UPON REGISTRA RT-TERM COURSE.	ITION, OR NO LATER	
Student's ID		Student's Name (Please Print: Last Name, First Name)			First Name)	Semester/Year	
	CRN	SUBJECT	COURSE	UNITS	INSTRUCTOR		
I CHOOSE TO TAKE THE ABOVE COURSE ON A PASS/NO PASS BASIS. I UNDERSTAND THAT ONCE THIS FORM IS SUBMITTED AND PROCESSED BY THE OFFICE OF ADMISSIONS AND RECORDS, AND THE DEADLINE DATE HAS PASSED, I MAY NOT REQUEST TO BE EVALUATED ON A LETTER GRADE BASIS.							
STUDENT'S SIGNATURE				DATE		ATE	
THIS FORM IS TO BE USED ONLY FOR COURES LISTED IN THE CURRENT CATALOG WITH PASS/NO PASS GRADING OPTION							
			Rece	ived by:	Date:		
Revised: 07/24			Proc	essed by:	Date:		