

T# _____ NAME _____

Fall Spring Year _____ A&S CON DBL

*****ONCE P/NP IS DECLARED, IT CANNOT BE REVERSED TO ANOTHER GRADING MODE OPTION (LETTER, AUDIT, ETC.)*****

I request the following individual courses to be graded on the PASS/NO PASS grade option:

CRN	Department	Course Number	Credit Hours	Title

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Please see the Office of the Registrar's home page for semester deadline information: <http://new.oberlin.edu/office/registrar/>

Received by: _____		Date: _____		For Office Use Only		Processed by: _____		Date: _____	
Follow Up (if Needed):									