## **Petition to Change Grading Option**

QUARTER/YEAR:		PERM NUMBER:		
			Major:	
(Mr/Ms) Last Name	First Name	MI		
Street Address			Telephone #:	
			Umail:	
City	State	Zip Code	Oman	
Course Information:				
Course (subject and number):	Enrollment Code:	Units: In	structor Name:	Instructor #:
Current Grading Option:	☐ Letter ☐ Pass/No Pass	Desired Grad	ling Option:	Letter Pass/No Pass
	otable for the student's major progra Passed/Not Passed grading option.	am, both lower and up	per division, must be tak	
	Student S	tatement:		
Please	use this area to explain why act		rior to the deadline.	
Student Signature:			Date:	
College of Engineering:			Date:	
COE Comments:				
Office of the Registrar use only:  Date Processed:	By:		LGR:	
	-3.			