SENIOR CREDIT/NO CREDIT FORM

OFFICE OF THE REGISTRAR
337-7204

ID # ______________  Advisor _________________________ FA WI SP Quarter of Credit/No Credit Received

Name_________________________________________________________________________________
(Last)                                           (First)                                                            (M.I.)

Major___________________________ Minor ____________ _________ Concentration_______________

A student may exercise this option only once in their senior year.

<table>
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<tr>
<th>Course #</th>
<th>Section</th>
<th>Course Title</th>
<th>Instructor (Please Print)</th>
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POLICY NOTES

With permission of the instructor, seniors may choose to elect one course outside the major, minor, or concentration (including cognates) on a Credit/No Credit basis. This option was designed so that a student might explore an area of interest without risk to the student’s grade point average. Before signing this form, please be sure to investigate all possible ramifications:

- This form must be returned to the Registrar’s Office on or before Friday of the first week of the quarter (drop/add period) during which the Credit/No Credit option may be exercised. This deadline is absolute.
- Under no circumstances, after Friday of first week, can this decision be changed. Once a course is declared as a Credit/No Credit course, it is not subject to appeal by either the student or the instructor.
- Declaration of a course as Credit/No Credit makes the student ineligible for the Dean’s List consideration for that quarter.
- Many graduate schools and professional institutions do not accept a Credit/No Credit.
- It is the instructor’s prerogative to determine what will be considered a “credit” grade; the student and instructor should discuss this before exercising the Credit/No Credit option.

GRADE NEEDED IN ORDER FOR CREDIT TO BE GRANTED=  

Instructor’s Signature ___________________________________________ Date_________________

I certify that I have read and understand the conditions of this decision and its irrevocability, and accept full responsibility for this Credit/No Credit course.

Student’s Signature ___________________________________________ Date_________________

Advisor’s Signature ___________________________________________ Date_________________

Registrar’s Signature ___________________________________________ Date_________________

Revised 3/19/12