



**Student Request to:**

**Change Grading Option from \_\_\_\_\_ to \_\_\_\_\_**

Subject	Course #	CRN	Title	Instructor	Credits	Year/Term
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\_\_\_\_\_  
Instructor Handwritten Signature

\_\_\_\_\_  
Date

Dept Stamp  
Required

**Change Variable Credit from \_\_\_\_\_ to \_\_\_\_\_**

Subject	Course #	CRN	Title	Instructor	Graded or P/N	Year/Term
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\_\_\_\_\_  
Instructor Handwritten Signature

\_\_\_\_\_  
Date

Dept Stamp  
Required

**INSTRUCTOR STATEMENT - Please indicate why the requested action is appropriate.**

\_\_\_\_\_  
Instructor Handwritten Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Approved:  Denied: : Petition Fee: \_\_\_\_\_

Student notified of tuition change  Instructor notified Sent  Student Notified Sent  In person

SFAREGS  SFASLST/SHACRSE  SFAINDV

**Comments:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_