SDSU | Global Campus

Audit or Credit/No Credit Card

Done: _____

By: _____

Spring _____   Summer _____   Fall _____   Year_____

SDSU RedID_____   Class No./Schedule No._____   Check desired action:

☐ Change to Cr/NC	2
☐ Change to Audit	3
☐ Change to Letter Grade	7

Name (last, first, middle initial)

_____

Department _____   Course No. _____   Units _____

This form must be filed with the SDSU Global Campus prior to the end of the Change of Program period for this class.

Date rec'd by SDSU Global Campus _____   _____

Student SIgnature

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