SSN or Student ID #_________________________ Last Name:_________________________ First Name:_________________________ MI:_____

Curriculum/Major_________________________

CRN#____________________ Course No./Course Title ___________________________ Section _______ Credits_______

Instructor’s Signature __________________________________________________________ Date ________________________________

Advisor’s Signature __________________________________________________________ Date ________________________________

Student’s Signature _________________________________________________________ Date ________________________________

*An S/U grade is NOT REVERSIBLE and could result in problems with transfer of these credits to another institution.

NOTE TO STUDENT: Students enrolled in an associate degree program may elect a maximum of 14 credit hours to be graded S/U. For students in a certificate program the maximum is 7 credit hours.

Office Use only:
Total S/U Credits to date: ____________