San Diego State University
College of Extended Studies

AUDIT OR CREDIT/NO CREDIT CARD

Done: ____________________
By: ____________________

Spring _____ Summer _____ Fall _____ YEAR __________

SDSU RED ID Schedule # Check desired action

_________________________________________  ______________________
NAME (last,first,middle initial)  ______ Change to Cr/NC  2

_________________________________________  ______________________
Department Course # Units  ______ Change to Audit  3

_________________________________________  ______________________
_________________________________________  ______________________
Change to Letter Grade  7

This form must be filed with the College of Extended Studies prior to the end of the Change of Program period for this class.

Date rec'd by CES ____________________
Student Signature

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