

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

_____ Change to Cr/NC

2

NAME (last,first,middle initial)

_____ Change to Audit

3

Department

Course #

Units

_____ 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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