



Enrollment Authorization Change Grade Mode

Student Information:

AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Last Name

Changes to the Grade Change Mode can be made through the 7th week of a given semester.

Course Information

Term: _____ Year: _____

CRN	Subject Code	Course Number	Course Title	Section	Grade Mode

First Name

Requested Grade Mode:

- Audit
- Pass/No Pass
- Letter Grade

Instructor Permissions:

Required when
 Requesting an **Audit Grade Mode**
 Changing **after the 7th week** of a semester

Instructor Signature

Date

AUA ID

By signing this form I accept the financial responsibility for all Changes, Tuition, and Fees associated with this course.

Student Signature _____ Date: _____

For Office Use Only

Processed By: _____ Date: _____

Comments: _____

Office of the Registrar