

OSU Change of Grading Basis Form

Term



THIS FORM CANNOT BE PROCESSED WITHOUT THE REQUIRED SIGNATURE

Name _____ OSU ID # _____ - _____ - _____
Last First M

CRN _____ Subject _____ Course Number _____ Credits _____
Lecture

S/U Grading

A-F Grading

Academic Advisor Approval _____

■ Please consult the “Academic Calendars” section under online catalog’s **Registration Information** link at <http://catalog.oregonstate.edu/> for **DEADLINE** dates.



Deliver completed form in person to:
Office of the Registrar
102 Kerr Administration Bldg.