

Barcode label
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CREDIT/NO - CREDIT OPTION



SID label
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RECEIVED

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Semester _____

P _____

The Credit/No-Credit Option guidelines are listed below. A student wishing to use this option should enroll in all courses in the normal fashion, including the course to be taken under the Credit/No-Credit Option. **To designate the course to be taken Credit/No-Credit, the form below must be completed and returned to and acknowledged by the Office of the Registrar by the *third* Friday after the *first* day of instruction for a semester.**

1. The Credit/No-Credit Option may be used by a Graduate student only if it is an undergraduate course that does not impact their degree program. At no time can a graduate course be taken under the Credit/No-Credit Option.
2. Each semester, one undesignated elective course or an elective course taken to meet the minimum credit requirements for a degree may be taken under the Credit/No-Credit Option. Courses required in the major and minor and those specified as foundation courses are not eligible for this option.
3. Credit for the course will be awarded if the student's performance is at the grade "C" level or higher. If performance falls below that level, the course will not be recorded on the student's academic record. In either case, the course will not be included in any GPA calculation and, when credit is granted, a grade of "CR" will be entered for the course.
4. Instructors are not informed of students who are enrolled in classes under the Credit/No-Credit Option.
5. A change from the Credit/No-Credit Option to regular enrollment for a course must be completed by the third Friday after the first day of instruction for a semester.

(Please Print)

Student's Name: _____

Student ID: _____

Current Mailing Address: _____

Major: _____

City, State, Zip: _____

Minor: _____

Day phone: _____ Eve. phone: _____

Degree: _____

Email: _____

COURSE INFORMATION:

Fall _____ Spring _____ Summer _____

CRN: _____ Dept: _____ Course #: _____ Section #: _____ Title: _____

Instructor's Name: _____

Location: _____
(i.e. Fairbanks, Bethel, Nome, etc.)

Student's Signature: _____

Date: _____

Received By Office of the Registrar:

Reviewed By: _____ Date: _____ Entered by: _____ Date: _____

PROCESS BEFORE SCANNING. NOTE AT TOP OF FORM.