

Change Grading Option: Pass / No Pass

DIRECTIONS: Use this form to request an "OPT" course to be graded as Pass/No Pass. Before submitting this form, **it is recommended to connect with a counselor**. Counselor consultation is to confirm that changing your course to Pass/No Pass does not negatively impact your academic goals and to ensure that changing your course to Pass/No Pass is the right selection for you. This form is to be used for courses in the 2023-2024 academic year and may be accepted until the last day of instruction. Review all your information to make sure that it is correct. Completed forms are submitted to the Admissions and Records Office: admissions@lbcc.edu

AST NAME:	FIRST NAME:		MI: STUDENT ID#:		
DDRESS:		CITY:	STA	TE:	_ZIP:
MAIL:		PHONE:			
lease list below th	e class(es) you would like	e to have graded as Pass/N	lo Pass		
EX: TERM: ⊠ SPRING	2024 5 DIGIT CLASS NUMBER: _	30310 COURSE TITLE: C	OMM 10		
L					
RM: ⊠ SPRING 2024	5 DIGIT CLASS NUMBER:	COURSE TITLE:			
RM: ⊠ SPRING 2024	5 DIGIT CLASS NUMBER:	COURSE TITLE:			
ERM: ⊠ SPRING 2024	5 DIGIT CLASS NUMBER:	COURSE TITLE:			
ERM: ⊠ SPRING 2024	5 DIGIT CLASS NUMBER:	COURSE TITLE:			
	Student's Signature:				