

Semester:  Fall     Spring     Summer 1     Summer 2     Full Summer    Year \_\_\_\_\_

Course number: \_\_\_\_\_ Credit (semester hours): \_\_\_\_\_

Instructor's name (please print): \_\_\_\_\_

Instructor's NUID: \_\_\_\_\_ Office address: \_\_\_\_\_

Student Name \_\_\_\_\_ NUID \_\_\_\_\_

Instructor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

or  
Department signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade mode:  Pass/fail (S/U)     Graduate (A through C-, also F)

Graduate school signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to:  Registrar's Office     Department

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