OPTIONAL GRADE REQUEST FORM

LAST NAME _____ FIRST NAME _____

STUDENT ID# _____ EMAIL _____

WILL BE GRADED AS (check one) ____ **PASS/FAIL** ____ **AUDIT**

COURSE NUMBER & SECTION _____

FALL SEMESTER _____ (YEAR) SPRING SEMESTER _____ (YEAR) SUMMER SESSION _____ (YEAR)

INSTRUCTOR SIGNATURE_____ Date _____

STUDENT SIGNATURE_____ Date _____

This form must be submitted to the Enrollment Center by the 5th business day of the semester. The form may be dropped off, faxed to 651-450-8677, or mailed to: Enrollment Center, Inver Hills Community College, 2500 E. 80th Street, Inver Grove Heights, MN 55076