

A member of Minnesota State

Request for Alternate Grading

Circle the semester in which you are requesting the above indicated grading option:

	Fall	Spring	Summer	Year: _.	
Star ID or Stud	ent ID:				
Student Name:		(Last)	(First		(Middle Initial)
Subject/course					
Course Title: _					
Check only one	e :				
□ P/NC Gra	ding Optic	on			
the nature and	intent of so	me program	ns, there are s	oecific co	edit) grading basis. Because of ourses that should not be taken on ore deciding on this grading option
■ AU Gradi	ng Option				
audit a course	must regist or auditing	er for the co a course ex	urse and pay f	ull tuitior	redit. A student who wishes to and fees. A student will not and successful completion of the
	er. Alterna	ate grade re	quests for co		Office within the first ten days session beyond the first ten
Student:		(Signature)			_ Date:
					Date:

Dakota County Technical College is an affirmative action, equal opportunity employer and educator. This information is available in alternative formats to individuals with disabilities by calling 651-423-8469 or TTY/Minnesota Relay at 1-800-627-3529.