CALIFORNIA STATE UNIVERSITY, CHICO
OFFICE OF THE REGISTRAR

ELECTING COURSES FOR THE CREDIT/NO CREDIT (CR/NC) GRADING OPTION

To request an elective class for the CR/NC option, you must read the instructions, fill out the information below, obtain the appropriate signatures and turn the completed form into the Office of the Registrar prior to the last day of the semester. A separate form must be filed for each class you want to take CR/NC. The following conditions apply to any course processed under this policy:

1. The course must be an elective (that is, the course cannot be used for your major, minor, or General Education requirements).
2. If a course processed under the CR/NC policy is determined to be necessary for your major, minor or General Education requirements, contact the Office of the Registrar.
3. You must be enrolled in the course for which the CR/NC option is being requested prior to the submission of this form. If this form is found to have been submitted prior to enrollment in the course, it will be returned to you without being processed.
4. Graduate students are allowed 10 units of CR/NC in a master's program; however, there are restrictions placed on the courses for which this grading option may be elected. Please contact the Office of Graduate Studies for more information.
There is no restriction on the number of CR/NC courses taken by post-baccalaureate students who are not master's or bachelor's candidates.

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Please print:

NAME: _____
Last First M.I.

CHICO STATE ID NUMBER: _____

PROPOSED COURSE: _____ TERM/YEAR TAKEN: _____
Subject/Number/Section (e.g.: PSSC 071-01) (e.g.: Fall 12)

YOUR MAJOR(S): _____ MINOR(S): _____

I understand these conditions and confirm that I am now enrolled in the course listed above.

SIGNATURE: _____ DATE: _____

After the second week of the semester, the instructor's signature is required.

Instructor: _____ **Date:** _____

After the fourth week of the semester, a serious and compelling reason is required (see the University Catalog) plus approval signatures from the instructor, chair and dean.

Chairperson: _____ **Date:** _____

Dean: _____ **Date:** _____

LATE FEE WAIVER _____
College Dean/Administrator Signature

*****Late fee of $10.00 will be assessed after the 26th day of instruction*****

FEE RECEIPT #_____ RECEIPT DATE _____ REGS initials _____

PROCESS DATE_____

Office of the Registrar 530-898-5142 FAX 530-898-4359 08/12