

**OFFICE OF THE REGISTRAR
UNIVERSITY OF MASSACHUSETTS LOWELL**

COURSE STATUS FORM

I request the following:

Signature _____

Audit *

Date _____

Pass / No Credit – May not be used for core or required courses (not available for graduate level courses) *

If selecting either of the above two options, this form must be completed and signed by the instructor and your advisor, and filed before the end of add/drop period.

Course deletion (not available for graduate level courses) ** once a course is deleted it cannot be reinstated

Delete Course taken in _____ term. Grade must be "C –" or below to delete.

Student Name _____ Student ID _____
Last First MI

Course Number _____ Section Number _____ Title _____

Signatures required for Pass / No Credit and Audit.

Instructor / Dean Signature _____ Advisor Signature _____

* **NOTE:** Student must submit this form to the Registrar's Office before the end of add/drop period.

** Graduate students should see the graduate school catalog policy.