

This option must be submitted to the Office of the Registrar no later than the date specified in the current Timetable.

Student Information

Rush Student ID#

LAST Name

FIRST Name

Social Security #

Major

Advisor's Name

Quarter: FALL WINTER SPRING SUMMER

Year:

Course Information

Check one: Take for Letter grade Take for Pass/No Pass

Course: Number _____
 Title _____
 Credit Hours _____

Signatures: Instructor _____
 (Not required if course is listed as P/N in the timetable)
 Advisor _____

Student's Signature: _____ Date: _____

RETURN THIS FORM TO: **Office of the Registrar • Suite 440 • 600 S. Paulina Street, Chicago, IL 60612**