



UNIVERSITY OF CALIFORNIA, SANTA BARBARA EXTENSION

Open Enrollment Course Request for Change of Grading Option

➤ Name (first, m.i, last) _____

➤ Social Security # or International I.D. _____ E-mail _____

Course Title _____ Course # _____

REG # _____

Please change the grading option in the class

FROM: (check one) Letter Grade Pass/No Pass

TO: (check one) Letter Grade Pass/No Pass

Student's Signature _____ Date _____

PAYMENT OPTIONS: \$25 Processing Fee paid by:

Cash

Check Check written to the UC Regents

VISA Credit Card Number _____ Expiration Date _____

MasterCard Cardholder Name _____ Security Code _____
(Exactly as it appears on credit card) (Enter the 3 digit code that appears on the back of your credit card.)

OFFICE USE ONLY: REG # _____ Date Entered _____ Course dates verified by _____ Approved _____ Not Approved _____
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PLEASE SUBMIT TO:

UCSB Extension • 1110 Kerr Hall, UCSB, Santa Barbara, CA 93106-1110
Phone: (805) 893-4200 • E-mail: registrars@els.ucsb.edu • www.extension.ucsb.edu