GRADING SYSTEM FORM

Please print and complete both the top and bottom of this form.

NAME:_____
(Last) (First) (Middle)

Month & Year of Graduation:_____

By completing and signing this form, I am hereby electing to have the grade in the following course:

Course:_____
Course title, section number and name of faculty member

recorded as a letter grade if the grade is a _____or above. If it is not, I want my grade recorded under the Pass/D+,D/Fail grading system on my transcript. The grade entered on the line above must be a B+ or higher.

I understand that by electing the Pass/D+,D/Fail grading system option, I am forfeiting my right to learn the actual letter grade earned (if passing), and I certify that, if I do learn what my letter grade would have been, I will not publish the grade to anyone, for any purpose.

Date:_____ _____
Signature

You may not submit this form if you have previously exercised this option Fall 2016 or thereafter unless your grade was recorded at or above the one you specified.

(Tear here after obtaining the signature of a Law School Official and keep bottom half of form.)

RECEIPT

Please Print

NAME:_____
(Last) (First) (Middle)

Course:_____ _____
Course, section number and name of faculty member Grade entered above

Date:_____ _____
Signature of Law School Official