



Admissions & Records Office  
11600 Columbia College Drive  
Sonora, CA 95370  
209-588-5337 - FAX

## PASS / NO PASS GRADING

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Identification "w" number: \_\_\_\_\_

Academic Semester & Year \_\_\_\_\_

Section Number (4 digit code): \_\_\_\_\_ Course Title (Engl 1A, Hist 17): \_\_\_\_\_

I have read and understand the intent, procedure and limitation outlines in the Columbia College Catalog pertaining to this request. \_\_\_\_\_

Student Initials

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Admissions & Records / Date