



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