

SOLANO COMMUNITY COLLEGE

Spr 20____ Sum 20____ Fall 20____

Office of Admissions and Records

NAME**SSN or SCCID #***Please Print* Last _____

First _____ Middle _____

Phone # _____

Birthdate _____

PASS / NO PASS REVERSAL FORM

CRN No.	Dept. Name	Description	Instructor

I hereby authorize my P/NP option in the course indicated above to be recorded as a grade in accordance with the policy established by the Solano Community College District.

Signature of Student**Date Authorized**

Pass/No Pass Reversal 08 08

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