Lakeland
COMMUNITY COLLEGE

Request for
Satisfactory/Unsatisfactory

Lakeland ID Number (LID) | 0 | 0 | | | | | | |

Last Name: _____   First Name: _____

I request to take the following course on a satisfactory/unsatisfactory basis (S/U). This request must be submitted by the end of the **fourth week** of the semester. A maximum of ten satisfactory/unsatisfactory semester credit hours may be applied toward an associate degree; only one course per semester may be taken as satisfactory/unsatisfactory and satisfactory/unsatisfactory grades may not be used to fulfill health program requirements. **This option may not be changed to a letter grade.**

Term	Year	CRN	Subject	Course Number	Course Description	Credit Hours

Student's Signature: _____   Date: _____

Complete this form and return:*

By Fax: 440.525.7651
By Mail: Lakeland Community College   • 7700 Clocktower Drive   • Kirtland, OH 44094-5198
By Secure Upload: Visit lakelandcc.edu/web/about/registrar   • Under RelatedLINKS (right side of page),
                        select Registrar Documents Secure Upload link

In Person: Lakeland's Student Service Center   • located in Building A-1003

Please do not send documents through email as it is not a secure format.   Revised 07/28/2021