

Registrar's Office**Pass/Fail Option**

In applying for the course noted below as pass/fail, I understand that it is my responsibility to discuss the implications of this decision with my academic advisor.

I understand the following:

- 1) I may use the Pass/Fail option for only one course per semester to a maximum of four courses in my total academic program.
- 2) I cannot request the pass/fail option to satisfy a general education requirement, a requirement for a major or minor program, or the foreign language requirement.

This form must be submitted to the Registrar's Office within the first four weeks for full semester courses or the first two weeks for courses scheduled less than a full semester.

1) Student Information

Date: _____

Student ID_____
Student Last Name_____
Student First Name_____
Major_____
Academic Advisor

I have consulted with my academic advisor regarding the application of this Pass/Fail request and understand that the instructor must approve this request.

Student Signature: _____

2) Course Information:Term: Fall ☐ Spring ☐ Summer ☐ Winter Intersession ☐ Year _____

CRN: _____ Subject: _____ Course#: _____ Section: _____ Title: _____ Instructor: _____

Important Note: Once a Pass/Fail grade has been applied to a student's academic transcript, it cannot be changed to a letter grade.

3) Required: Instructor's Signature _____