

PASS/FAIL SELECTION FORM

Please print the following information:

Name: _____

Student ID #: _____

Students may select one course for the pass/fail grading option each semester.

Courses taken to fulfill the competency requirement may not be taken for the pass/fail option (i.e. the multidisciplinary core course, any language course below the 202 level, MATH 101, MATH 102, independent learning). **In addition, certain majors require that courses be taken for a letter grade.**

Decisions regarding pass/fail should be discussed with your academic advisor. *As with all transactions, you should retain a copy of this form for your records.* The form is valid only when **dated and initialed** by a member of the Registrar's Office staff.

COURSE DESIGNATED FOR PASS/FAIL:

Course Dept. _____ Course No. _____ Section _____

Instructor Name _____

Please note that pass/fail does not affect your GPA when the grade is pass. A failing grade will affect your GPA when the grade is a fail.

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

Registrar's Staff Processor: _____ Date: _____

RETAIN THE LAST COPY FOR YOUR RECORDS AFTER THE FORM IS PROCESSED IN THE REGISTRAR'S OFFICE.