Pass/Fail Option Form

Office of the Registrar

Name __________________________________________ ID # or SS _____________________________
Address __________________________________________ Date ________________________________
Phone __________________________________________ Major ________________________________

Intent: Students may take some courses on a pass/fail basis if they:
   1. Formally petition to do so by the last date of withdrawal.
   2. Obtain the approval of the instructor.

Restrictions:
   1. This option does not apply to courses in the liberal arts core.
   2. Departmental approval is required for all courses in the student’s major or minor program.
   3. No more than 12 credits on a pass/fail basis will apply toward the 120/128 hours required in the degree program.

Department/Course #/Section ____________________________ Course title ________________________________
Semester/Year _______________________________________ Instructor’s Name ___________________________

Please indicate whether this course is part of the student’s:
Core requirements Yes_____ No_____ 
Major requirements Yes_____ No_____ 

# of credits taken as pass/fail option to date: ____________

_______________________________________________  ____________________________________
Student’s signature      Date

_______________________________________________  ____________________________________
Instructor’s signature      Date

_______________________________________________  ____________________________________
Department chair’s signature     Date

cc: Student, instructor, department chair

Revised: 7/06/10