

# PASS / FAIL FORM



Date \_\_\_\_\_ ID Number \_\_\_\_\_

Name \_\_\_\_\_

Term    Fall        Winter        Spring        Summer        Year \_\_\_\_\_

*You are advised to consult the instructor of the course and your academic advisor before declaring a course Pass/Fail. Courses required for core, major, minor or endorsements cannot be taken Pass/Fail.*

Course ID:	Course Number:	Section:
Title:		

## ***OPTION TO RETURN TO LETTER GRADE***

*My signature below indicates my desire to have my letter grade recorded as the official grade for the course.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Processed by _____ Date _____
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