



Pass/Fail Application

(Please Print)

Name _____ ID# _____

Date _____ Box _____

Email _____

I hereby make application to take _____,

Department & Course #

_____ offered during the _____ Term on a

Course Title

Pass/Fail basis.

I am a _____ Junior _____ Senior

Majors: _____

Minors: _____

Student Signature

Instructor Approval

Faculty Advisor Approval

Application must be submitted and approved prior to registration for the course. Students may not use this option for courses in the major, minor or those required for general education.

_____ Approved _____ Not Approved

Signature of Registrar

Copies to:

_____ Student

_____ Instructor