

## **PASS-FAIL COURSE AGREEMENT**

Must be completed before the "Last Day to Add Classes"

Part A. Student			
Student Name	Student ID	Cu	m GPA
CRN, Course Subject, Number	Semester, Year	Cla	ass: (FR/SO/JR/SR)
graduation requirement.  I understand that withdrawals date).  I understand that "Pass" should landerstand that "Fail" equate	es may apply (contact Busine t average of 2.00 or better an ed, with the approval of my at the University. If as Pass-Fail will not count to arrangement is irrevocable; to letter grade.  I credit hours can be used to forwill be handled according to the designate that I did work contact the contact that I did work contact the contact that I did work contact the contact that I did work contact that I did work contact the contact that I did work contact that I did work contact the contact that I did work contact that I did work contact that I did work contact the contact that I did work contact the contact that I did work contact that I did work contact the contact that I	ass Office).  Ind I am seeking permission  dvisor, to register for a major (s), minus  that is, the Pass-Fail may  ulfill elective hours needed  the rules governing all comparable to C (2.00) or I	on to register for a course on a maximum of four courses on a for(s), Honors Seminars or not be changed during the ed to meet the 120-credit hour ourses (WF after the specified
Signature of Student		Date	
Part B. Authorizations			
Printed Name/ Signature of Advisor		Date	
Printed Name/ Signature of Instructor		Date	
I seek special permission to enroll on a taken four courses on a Pass-Fail basis		· · · · · · · · · · · · · · · · · · ·	ID/OR (Circle One) that I have
Printed Name/Signature of Advisor		Date	

Registrar/Forms/PassFail 04.2020