

PASS/FAIL NOTICE

Name _____ ID# _____ Date _____

Academic Class SO JR SR Major(s) _____
(please circle one)

I hereby give the student named above permission to take my course,

_____, on a Pass/Fail basis.

Department Name and Number

Instructor's Signature

Deadline: January 13, 2012

P/F COURSES MAY ONLY BE USED AS ELECTIVES

For courses taken Pass/Fail, pass means at least a letter grade of "C".

Please turn completed form into the Registrar's Office