

**PASS/NO CREDIT FORM**

STUDENT NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_

I request to take the following course for a PASS/NO CREDIT grade:

COURSE NUMBER \_\_\_\_\_ COURSE TITLE \_\_\_\_\_

SEMESTER: (Check One):     Fall     Spring     Summer    YEAR: 20\_\_\_\_\_

I understand the following criteria regarding PASS/NO CREDIT grades:

*Students may take only one course each semester on a P/NC basis. This form must be filed with the Registrar's Office by the designated date in the catalogue as the final day to drop classes without a recorded grade. The grade of "P" is given for work of "C" quality or better.*

*Students who elect the P/NC option should be advised that in some cases they may experience difficulty in transferring their academic records to other undergraduate or graduate institutions or meeting their requirements in certain concentrations. Students are advised to check the requirements of those specific institutions or concentrations before deciding on the P/NC option.*

***I understand that I will not receive academic credit for this course if I do not produce work of "C" quality or better.***

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

I agree to give this student a Pass or No Credit (P/NC) grade for my course.

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTOR'S NAME (PRINT) \_\_\_\_\_

INSTRUCTOR'S COLLEGE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_