

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. 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 majors. Students are advised to check the requirements of those specific majors or institutions 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: _____