



INSTRUCTIONS

- This form must be completed prior to the end of the **NINTH WEEK OF THE SEMESTER** for a fall or spring term course. This form must be completed prior to the **NINTH MEETING OF THE CLASS** for summer session course. Once this option is utilized, such decisions cannot be changed, nor will a letter grade be recorded. Please see sections 5.2-5.4 and 5.7 of the GSAS Policies and Procedures Manual for rules governing pass/fail grading.
- Requests should be submitted by the department to the Office of Academic and Student Affairs (OASA), 6 Washington Square North, 2<sup>nd</sup> floor.
- Incomplete submissions will be returned to the department.

GSAS Department of Student:

Student Name:

UID:

I have previously elected the pass/fail option in:

| Course Title         | Course Number        | Year and Semester    |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I hereby elect the following pass/fail option for the following academic semester and course:

| Course Title         | Course Number        | Semester             |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature of Instructor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_ Date \_\_\_\_\_

For OASA use only

Approved  Denied

OASA Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date: \_\_\_\_\_