New York University
Graduate School of Arts and Science

Approval for
Pass/Fail Option

GSAS Department of Student: _____

Student Name: _____ UID: _____

I hereby elect the following Pass/Fail option for the following course(s):

Course Title	Course Number	Semester

I understand that after this request is approved, the grade scheme must remain Pass/Fail. The grade(s) may not be reverted back to the standard letter grading format.

Signature of Student: _____ Date_____

Signature of Director of Graduate Studies: _____ Date_____

Updated 10/31/2022