MarymountManhattan

a college of the liberal arts

Pass/Fail Request

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Social Security Number

Last Name

First Name **MI**

TERM/YEAR:

☐ Fall _____ ☐ January _____ ☐ Spring _____ ☐ Summer I/II _____

I request permission to take the following course(s) on a **Pass/Fail** basis. I understand that in order to receive the grade of **P** (Pass), I must satisfactorily complete all course requirements.

Department			Number			Section	Title
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Note:

1. Only students who have completed 60 credits (including transfer credits) may apply for this grade.
2. Pass/Fail **cannot** be requested for a required course (Shared or Major Curriculum). Courses completed as Pass/Fail will be counted as **elective credit.**
3. Students on probation may not apply for this option.
4. No more than one course in a term and no more than 4 courses or 12 credits (whichever is fewer) in total can be taken on a Pass/Fail basis.
5. The Registrar staff has final approval as to whether or not a course can be taken as Pass/Fail. Present this form to the Center for Student Services by the last day to add a course for the given semester.

_____ _____

Student Signature Date

REGISTRAR APPROVAL

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