



REQUEST TO TAKE A COURSE PASS/FAIL

Office of the Registrar
One Winooski Park, Colchester, VT-05439
Telephone: 802.654.2571 Fax: 802.654.2690

Student Name: _____

Date: _____

Student ID #: _____

Graduation Year: _____

I wish to take the following course on a Pass/Fail basis:

- I completed at least **15 credits** in the previous semester with a grade point average of at least **3.0**.
- I understand that this course is **not in my major** or a course required for my major and **does not satisfy a Core or Liberal Studies requirement**.
- I also understand that **I may not decide to change this agreement** at a later date.

COURSE			COURSE TITLE
DEPT.	NUMBER	SECTION	

Student's Signature

Instructor's Name (Please Print)

Instructor's Signature

Date

This form MUST be signed and returned to the Registrar's Office, Founders Hall 112, DURING THE FIRST WEEK OF THE SEMESTER.

A duplicate copy of this form must be filed with the instructor.

(Please note that the grade submitted must be either a P (Pass) or F (Fail).)