

FISHER COLLEGE

OFFICE OF THE REGISTRAR

Petition to Elect Pass/Fail Grade

Name:			Stude	ent ID:		
Phone:	one: E-Mail:					
Degree/Program	:					
Semester: F	Fall	☐ Spring		Year:		
Course #	Course	Title		Instructor	Credit	
Please provide a	brief (one-	paragraph) ration	nale for reque	sting to take thi	s course pass/fail:	
attendanceStudent i	agrees to at ce policy w s expected	ill result in an auto to complete assig	tomatic grade gnments and t	e of "F". ake all tests and	ttendance policy. Fat I quizzes. Ed without meeting c	
learningPass/FailPass/FailAssociate	the material courses call courses are's Degree	l without concerr nnot be used for l	n for impact of honors design and graduate ct to take one	on overall GPA. nation. e programs preferences elective course	er traditional letter g	
Student's Signature				Date		
Advisor's Signature				Date		
Instructor's Signature				Date		
Office Use Only	y					
Accepted I	Denied	Ву		Date		