

Rescind Pass/Fail Petition

Date: _____

Name: _____

ID#: _____

Address: _____

Major: _____

Credits Completed: _____

Email Address: _____ Phone Number: _____

Please State the Course Name and Number: _____

Semester (Please select one): Fall Spring Sum I Sum II Year: _____

Please state the academic reason for your request to rescind your pass/fail grade and receive a letter grade. Please note that you will need to provide proof of the letter grade to the Committee when you submit this petition.