



Retroactive 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: _____

Does the course satisfy a major or minor requirement? YES or NO

Does the course satisfy a CORE requirement? YES or NO

Is this course an elective? YES or NO

Have you pass/failed another course this semester? YES or NO

If yes, state the previous course name and number: _____

If yes, do you want to rescind this pass/fail? YES or NO You must answer yes in order for your new request to be approved.

If my grade in the above is A, B, C, or D, please enter it in my grade as a P. I understand that this decision cannot be changed after the end of the fifth week of the class during the spring or fall terms; after the end of the second week during six-week summer terms. I am a student in the College of Arts and Science and am not currently registered for a course that I have requested is graded on a pass/fail basis.

(your signature)

Please state the academic reason for your request.