



PETITION TO COMPLETE COURSE FOR PASS/NO PASS

STUDENT INFORMATION	
Last Name, First Name, Middle Initial:	Student ID:
Mailing Address:	Phone Number:
City, State, Zip Code:	E-mail Address:

Please grade the following class(es) on a PASS/NO PASS basis:

Term: Fall Spring Summer Year: _____

CRN	Subject	Course Number	Section	Grade Mode
				<input type="checkbox"/> E = Pass/No Pass <input type="checkbox"/> G = Letter Grade
				<input type="checkbox"/> E = Pass/No Pass <input type="checkbox"/> G = Letter Grade
				<input type="checkbox"/> E = Pass/No Pass <input type="checkbox"/> G = Letter Grade

Note:

- Unit limitations exist at transfer institutions and for A.A./A.S. degrees. Check the PASS/NO PASS policy in the College Catalog.
- Changes to grade mode cannot be reversed after Pass/No Pass deadline.

I understand that to complete the course(s) I must comply with the College attendance requirements and the other expectancies for the course. Should I fail to do so, I understand that my enrollment in this class may be terminated and my work may be graded on the basis of a Standard letter grade. Other than the above, I understand that in exercising this option I am committed to the receipt of **PASS (P)** or **NO PASS (NP)** only for this class and that I forfeit the opportunity for a Standard letter grade. The P (Pass) grade will be given to indicate completion of a course with "C" or better work.

Student Signature: _____ Date: ____/____/____

NOTE: Students selecting a "PASS/NO PASS" grade option must either do it online via CLASS-Web **OR** submit this form to the Office of Admissions & Records within the first 30% of the term. Changes will not be permitted after this time. Check CLASS-Web for P/NP deadline dates.

OFFICE USE ONLY		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	_____ Signature, Director of Admissions & Records	Date ____/____/____
Reason		
Posted by _____	Date ____/____/____	Student Notified ____/____/____