

THE JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH

PASS / FAIL POLICY

STUDENTS AT THE SCHOOL OF PUBLIC HEALTH MAY ELECT TO TAKE COURSES ON A PASS/FAIL BASIS ONLY WITH THE CONSENT OF THEIR ACADEMIC ADVISOR. EACH DEPARTMENT HAS DETERMINED FOR ITS OWN STUDENTS WHICH COURSES MAY BE TAKEN ON A PASS/FAIL BASIS. STUDENTS SHOULD CONSULT THEIR DEPARTMENTAL REQUIREMENTS FOR SPECIFIC GRADING REQUIREMENTS WHEN CONSIDERING THE PASS/FAIL OPTION. STUDENTS WHO MUST SUBMIT GRADES TO EMPLOYERS, TO FUNDING AGENCIES, OR TO OTHER ACADEMIC PROGRAMS SHOULD ALSO CONSULT THE APPROPRIATE OFFICES BEFORE ELECTING THE PASS/FAIL OPTION.

INSTRUCTORS ARE EXPECTED TO EVALUATE STUDENT PERFORMANCE WITHOUT REGARD TO GRADING STATUS AND TO GIVE STUDENTS APPROPRIATE FEEDBACK REGARDING THEIR PERFORMANCE THROUGHOUT THE TERM. A GRADE OF "P" WILL BE RECORDED ON THE OFFICIAL ROSTER FOR THOSE STUDENTS WHO HAVE ELECTED THE PASS/FAIL OPTION AND WHOSE PERFORMANCE WOULD OTHERWISE BE RATED AS "A", "B", OR "C". INSTRUCTORS SHOULD ASSIGN A GRADE OF "D" TO STUDENTS WHO REGISTER FOR A COURSE FOR PASS/FAIL AND DO THE EQUIVALENT OF "D" WORK AND "F" FOR STUDENTS WHO DO THE EQUIVALENT OF "F" WORK.

IF AN ADVISOR, STUDENT OR DEPARTMENT NEEDS TO KNOW THE SPECIFIC GRADE A STUDENT EARNS, THE STUDENT SHOULD NOT BE PERMITTED TO ENROLL FOR PASS/FAIL. THERE WILL BE NO RETROACTIVE CHANGES FROM REGULAR GRADING TO PASS/FAIL AND VICE VERSA. IF A STUDENT TRANSFERS TO A PROGRAM WHICH REQUIRES A STANDARD LETTER GRADE FOR A COURSE TAKEN ON A PASS/FAIL BASIS, THE STUDENT MUST EITHER REPEAT THE COURSE OR OBTAIN A WAIVER FROM THE DEPARTMENT.

DEADLINES FOR FILING PASS/FAIL REQUESTS ARE ADHERED TO WITHOUT EXCEPTION. PASS/FAIL FORMS CANNOT BE ACCEPTED AFTER THE PUBLISHED DEADLINES FOR EACH TERM. ALL STUDENTS SHOULD CONSIDER CAREFULLY BEFORE EXERCISING THE PASS/FAIL OPTION. PASS/FAIL OR LETTER GRADE, ONCE ELECTED, MAY NOT BE REVERSED ON THE STUDENT'S OFFICIAL ACADEMIC RECORD. CHANGES TO OR FROM PASS/FAIL, AFTER THE ADD/DROP PERIOD, ARE SUBJECT TO A \$50 LATE CHANGE FEE. NO CHANGES ARE PERMITTED THE LAST TWO WEEKS OF A TERM.

COURSE DEPARTMENT CODES

120. BIOCHEMISTRY AND MOLECULAR BIOLOGY	200. INTERNATIONAL HEALTH	330. MENTAL HEALTH
140. BIostatISTICS	221. HEALTH SYSTEMS	340. EPIDEMIOLOGY
180. ENVIRONMENTAL HEALTH SCIENCES	222. HUMAN NUTRITION	380. POPULATION, FAMILY AND REPRODUCTIVE HEALTH
182. ENVIRONMENTAL HEALTH ENGINEERING	223. GLOBAL DISEASE EPIDEMIOLOGY AND CONTROL	390. CLINICAL INVESTIGATION
183. PHYSIOLOGY	224. SOCIAL AND BEHAVIORAL INTERVENTIONS	410. & 415. HEALTH, BEHAVIOR AND SOCIETY
187. TOXICOLOGICAL SCIENCES	260. MOLECULAR MICROBIOLOGY AND IMMUNOLOGY	550. & 551. ADJUNCT STUDIES
188. OCCUPATIONAL AND ENVIRONMENTAL HEALTH	300-317. HEALTH POLICY AND MANAGEMENT	

REQUIRED CONSENT AND APPROVAL

ALL STUDENTS (EXCEPT SPECIAL STUDENTS LIMITED) MUST HAVE THE PRIOR APPROVAL OF THEIR ADVISOR BEFORE SUBMITTING THIS REGISTRATION FORM. YOU MAY CONFIRM APPROVAL BY INITIATING THE FORM ON THE APPROPRIATE LINE OR BY HAVING YOUR ADVISOR SIGN THE FORM ON THE LINE PROVIDED OR BY ATTACHING A PRINT OUT OF CONSENT SENT ELECTRONICALLY.

ALL STUDENTS (SPECIAL STUDENTS LIMITED PLEASE SEE BELOW), MUST HAVE THE PRIOR APPROVAL OF THE INSTRUCTOR BEFORE SUBMITTING A REQUEST FOR A "CONSENT REQUIRED" COURSE. YOU MAY CONFIRM APPROVAL BY INITIATING THE FORM ON THE APPROPRIATE LINE OR BY HAVING THE INSTRUCTOR SIGN THE FORM ON THE LINE PROVIDED OR BY ATTACHING A COPY OF THE APPROVAL SENT ELECTRONICALLY.

SPECIAL STUDENTS LIMITED MUST SUBMIT WRITTEN INSTRUCTOR'S APPROVAL FOR EACH COURSE REQUESTED. PLEASE GO TO <http://www.jhsph.edu/studentaffairs/degrees/application.html>.

ALL STUDENTS MUST HAVE WRITTEN INSTRUCTOR'S APPROVAL TO TAKE A COURSE AS AN AUDITOR. PLEASE HAVE THE INSTRUCTOR SIGN THE APPROPRIATE BOX TO THE RIGHT OF THE REQUESTED COURSE OR ATTACH A PRINT OUT OF APPROVAL SENT ELECTRONICALLY. NOT ALL COURSES ARE OFFERED FOR AUDIT. PLEASE CONSULT THE COURSE SEARCH ENGINE AT <http://www.jhsph.edu/courses> FOR RESTRICTIONS

**THE JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH
PASS / FAIL AGREEMENT**

STUDENT ID NUMBER _____ LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ SCHOOL P.O. BOX NO. _____

DEGREE PROG./SP/ST/REG./SP/STD./LTD _____ DEPARTMENT _____ QUARTER / YEAR _____

LOCAL STREET ADDRESS _____ CITY - STATE _____ ZIP CODE _____ PHONE NO. _____

1. PASS/FAIL OPTION

I elect the Pass/Fail Option for the courses listed below and am aware of and will abide by the regulations as stated on the reverse of this form.

COURSE NUMBER	COURSE TITLE	CREDIT UNITS

1. ADD/DROP of PASS/FAIL OPTION

I agree to the change(s) listed below and am aware of and will abide by the regulations as stated on the reverse of this form.

CHANGE P/F TO LETTER GRADE		
COURSE NO.	COURSE TITLE	CR. UN.

CHANGE LETTER GRADE TO P/F		
COURSE NO.	COURSE TITLE	CR. UN.

ADVISOR'S SIGNATURE _____

STUDENT'S SIGNATURE _____

STUDENT COPY

DATE _____

REGISTRAR'S OFFICE
INITIALS / DATE