

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

2. 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 _____

DATE _____

REGISTRAR'S OFFICE
INITIALS/DATE