PASS/NO CREDIT REQUEST

Which Semester: [ ] Fall [ ] Spring [ ] Summer Year: __________

Department: _______ Course #: ______ Course Title: ______________________________

Student Name: ___________________________ Student ID # _______________

Reason for Request: ____________________________________________________________

One request per semester.

Pass = B grade or higher  No Credit = C+ grade or lower

Please check the Catalog for limits on the number of courses which may be taken as a Pass/No Credit.

Student Signature: ___________________________ Date: ________________

PASS/NO CREDIT REQUEST

Which Semester: [ ] Fall [ ] Spring [ ] Summer Year: __________

Department: _______ Course #: ______ Course Title: ______________________________

Student Name: ___________________________ Student ID # _______________

Reason for Request: ____________________________________________________________

Sophomore, Junior, and Senior Students only. One request per semester.

Pass = C- grade or higher  No Credit = D+ grade or lower
Courses taken on a Pass/No Credit basis will NOT count towards any major or CORE requirements.

Student Signature: ________________________________  Date: ________________