

Office of the	Registrar
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SEMESTER:	
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## **REQUEST FOR PASS/FAIL FORM**

EGREE:					
COURSE CODE	SECTION	CREDITS	REMARKS	INSTRUCTOR'S CONSENT (if required)	
<ol> <li>Students may</li> <li>A student ma</li> <li>Courses in a grade "F" will</li> <li>Pass/ Fail op</li> </ol>	choose up to y be allowed to student's maj be computed tion has to be	to take a maximu or and those cor into the G.P.A. e submitted at the	ours of credit towards a degree to b um of two courses on a Pass/Fail b nsidered as correlated to his/her m		
STUDENT'S SIG	GNATURE:			DATE:	
For office use only:					

REGISTRAR'S ACCEPTANCE: DATE: