



Edgewood College
 Edgewood Central- DeRicci 210
 ECentral@edgewood.edu
 (P)608-663-4300 (F)608-663-3495

NAME: _____

ID #: _____

PASS – FAIL OPTION

- *You must be a junior or senior with a cumulative GPA of 2.5 or higher.*
 - *One course per semester may be taken on a pass/fail basis.*
 - *General education requirements may not be taken as pass/fail.*
- *This form must be filled out and returned to Edgewood Central within two weeks after the beginning of the semester. Deadlines are prorated during the Summer term and Winterim.*

TERM: _____ YEAR: 20_____

COURSE: _____
 DEPT COURSE # SECTION CREDITS

 *I have read and understand the policies regarding taking a course as pass/fail. I request the pass/fail option of grading in the above course, and I understand that this option, once made by me, may not be revoked. I further understand that the official date of filing is the date this form has been received in the Office of the Registrar.

 STUDENT SIGNATURE DATE

 INSTRUCTOR SIGNATURE DATE

 DEPARTMENT CHAIRPERSON SIGNATURE DATE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

PROCESSED BY: _____

Submit to: