OFFICE OF THE REGISTRAR Cedar Crest College

PASS/FAIL REQUEST

Name:		Date:	
Student ID#:		Pass/Fail Requested for: _	
Dept. & Course Number	Course Title		Credit(s)
Student's Signatu	re:		
Advisor's Signatu	re:		
* * * * * * * * * * * * * * Pass/Fail Regula	**************************************	******	* * * * *
•	ct for Pass/Fail up to 25% of th duation, in addition to courses of		work
•	t elect for Pass/Fail for any cour requirements unless the course	•	
Freshmen may ele approved for one	ect for Pass/Fail one course per credit.	semester plus one course	faculty-
Instructors are not informed that students are enrolled for Pass/Fail. Letter grades are			

"Pass" is not computed in the grade point average (gpa); the student receives credit only.

"Pass" grades instead of letter grades may prove a handicap for admission to some graduate schools.

Pass/Fails will be granted until the withdrawal deadline of the semester.

submitted and are recorded as Pass/Fail by the Registrar.

[&]quot;Fail" is computed as "0" in the grade point average (gpa); the student receives no credit.