

# Pass-Fail Option | Request Form

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Complete this form and return with all signatures to the Enrollment Services Center, Room 101.

Student's Name:

\_\_\_\_\_

Course: \_\_\_\_\_ Section# \_\_\_\_\_ Year/Term \_\_\_\_\_

Program: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

***I request that my grade for the above course be assigned as a Pass or Fail.***

***To receive a Pass, I must earn at least a C or better in the course. A grade of Pass will not be included in my GPA calculation, but a Fail will be included.***

***Up to six credit hours of coursework may be taken Pass-Fail toward my degree.***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ e / 20 \_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Instructor's name (PRINT): \_\_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Program Coordinator's name (PRINT): \_\_\_\_\_ Datee \_\_\_\_ -60 g3075<