

**PASS-NO PASS ELECTION FORM**

*Please complete with a ball point pen.*

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STUDENT'S NAME (last,first,middle) ID NUMBER

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DEPT. COURSE NUMBER INSTRUCTOR'S NAME

*Before signing this form – please note the following:*  
 Grade of PASS = C- or above    NO PASS = D+ or below  
 Students receiving a grade of NO PASS will not receive credit for the course.

	Office Use Only	
Student's Signature <span style="float:right">Date</span>	Entered	
Adviser's Signature <span style="float:right">Date:</span>	Date:	

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