

## OPTION TO TAKE COURSE: PASS/FAIL

This form gives the student the option to choose to take course(s) Pass/Fail. An indication of Pass/Fail must be submitted to the Office of the Registrar **not later than the Friday of the end of the second week of class (no exceptions)**. This form may be submitted by email attachment to [pbartlevl@lstc.edu](mailto:pbartlevl@lstc.edu) or to the Registrar's in-house mailbox. **Forms received after the official end date (Friday of second week of class) will not be processed.**

(There is also the option to change the Pass/Fail back to Letter Grade within the same two week time period)

Name \_\_\_\_\_ Date \_\_\_\_\_

Student I.D. \_\_\_\_\_ Degree Program \_\_\_\_\_ Semester/Year \_\_\_\_\_

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Course # \_\_\_\_\_ Title \_\_\_\_\_

Instructor Name \_\_\_\_\_

Select One:      \_\_\_\_\_ Pass/Fail    \_\_\_\_\_ Letter Grade

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Course # \_\_\_\_\_ Title \_\_\_\_\_

Instructor Name \_\_\_\_\_

Select One:      \_\_\_\_\_ Pass/Fail    \_\_\_\_\_ Letter Grade

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Course # \_\_\_\_\_ Title \_\_\_\_\_

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Select One:      \_\_\_\_\_ Pass/Fail    \_\_\_\_\_ Letter Grade

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Course # \_\_\_\_\_ Title \_\_\_\_\_

Instructor Name \_\_\_\_\_

Select One:      \_\_\_\_\_ Pass/Fail    \_\_\_\_\_ Letter Grade