



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 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 _____

+++++

Course # _____ Title _____

Instructor Name _____

Select One: Pass/Fail Letter Grade

Course # _____ Title _____

Instructor Name _____

Select One: Pass/Fail Letter Grade

Course # _____ Title _____

Instructor Name _____

Select One: Pass/Fail Letter Grade

Course # _____ Title _____

Instructor Name _____

Select One: Pass/Fail Letter Grade

Course # _____ Title _____

Instructor Name _____

Select One: Pass/Fail Letter Grade