

## PETITION TO COMPLETE COURSE FOR PASS/NO PASS

STUDENT INF	ORMATION			
Last Name, First Name, Middle Initial:			Student ID:	
Mailing Address:			Phone Number:	
City, State, Zip Code:			E-mail Address:	
Please grade the	e following class(es) on a PA	ASS/NO PASS basis:		
Term: □ Fall □ S	pring □ Summer Year:			
CRN	Subject	Course Number	Section	Grade Mode
	·			☐ E = Pass/No Pass ☐ G = Letter Grade
				☐ E = Pass/No Pass ☐ G = Letter Grade
				☐ E = Pass/No Pass ☐ G = Letter Grade
• Changes to I understand that to course. Should I fai of a Standard letter NO PASS (NP) only	o grade mode cannot be reverse to complete the course(s) I must I to do so, I understand that my r grade. Other than the above, I	comply with the College attenda y enrollment in this class may be understand that in exercising th	ince requirements ar terminated and my v is option I am comm	nolicy in the College Catalog.  and the other expectancies for the work may be graded on the basis itted to the receipt of PASS (P) or ss) grade will be given to indicate
Student Signature:			Date:	/
this		NO PASS" grade option must eithes & Records within the first 30% or P/NP deadline dates.		
		OFFICE USE ONLY		
De et e d'Isc.			D-t-	,