BREVARD COLLEGE

Pass/Fail Grade Option Agreement

(Please Print Full Name)	, Brevard College ID:	, am
requesting to take the following course	<i>Course Code and #</i>)	vith a grade of Pass/Fai
luring the (semester) of	(year).	
have completed my Declaration of Major proc	ess and have declared my major	as:
Major(s):		
Minor(s):		
 <u>Qualifications, procedures, regulations, and cree</u> (1) <u>Students must be a junior or senior</u> (2) <u>Deadline of application</u>: the process must be initiated between to withdraw from a course with a gra the process cannot be initiated after the process cannot be process cannot be process cannot be process cannot be processed after the p	n the date of receiving mid-term grad de of W,	
 (3) Courses not eligible for pass/fail grade of requirements in the general education 		
 (4) <u>No more than two courses may be select</u> (5) <u>Credit for courses</u>: 	ted for the pass/fail grade option ade option will be treated as <u>elective</u>	<u>s</u>
 courses selected with the pass/rail gra courses selected with the pass/rail gra 	ade option will <u>count for graduation</u>	<u>n</u> .

Signature of Student Date Printed Name & Signature of Instructor Date Printed Name & Signature of Advisor Date Signature of Registrar Date Note: Pass/Fail designation is not official until received in the Office of the Registrar. Due no later than the last day to

withdraw from a course with a "W".

Office Use Only

Date received in the Office of the Registrar: ____

• Student_