

Pass-Option Form

STUDENT'S NAME _____ STUDENT NUMBER _____

QUARTER _____ YEAR _____

COURSE _____ LINE NUMBER _____

Pass Option (check one): P/0.0 P/NC

STUDENT'S SIGNATURE* _____ DATE _____

INSTRUCTOR'S SIGNATURE _____ DATE _____

The student must hand in this card to the Registration Office no later than:

DATE — MID-POINT OF THE COURSE _____

Date received by Registration Office: _____

* I understand and agree that "pass" is defined as achieving at least the equivalent of a 2.0 grade in this class. If this 2.0 level is not achieved, I will receive no credit and, depending on the option indicated above, I will receive either:

- (1) a 0.0 — which counts as a failure in GPA calculation, or
- (2) an NC — no credit, which is not computed in GPA calculation.