



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.