



COLLEGE OF SANTA FE

Office of the Registrar

Pass/Fail Option Form

Name _____ ID# or SS# _____

Address _____ Date _____

Phone _____ Major _____

Intent: Students may take some courses on a pass/fail basis under the following guidelines:

1. Formally petition by the last date of withdrawal
2. Obtain the approval of the instructor

Restrictions:

1. Option does not apply to courses in the liberal arts core.
2. Departmental approval is required for all courses in the student's major or minor program.
3. No more than 12 credits on a pass/fail basis will apply towards the 128 hours required in the degree program.

Department/Course #/Section _____

Title: _____

Semester/Year _____

Instructor's Name _____

Please indicate:

Core requirements: Yes _____ No _____

Major requirements: Yes _____ No _____

of credits taken as pass/fail option to date: _____

Student's signature

Date

Instructor's signature

Date

Department chair's signature
cc: Student, Instructor, Department chair

Date