

PASS/NO PASS OPTION PETITION

Student ID # _____ **Date:** _____

Name:

Last Name, First Name Middle Initial

TERM: Su 20 ____ Fa 20 ____ Sp 20 ____

Note: Students selecting the “Pass/No Pass” option must submit this form to the Admissions & Records Office within the first 25% of the term. This date varies by course. Please check with your instructor for the exact date.

I choose to take the following courses with the Pass/No Pass option:

Subject	Course No.	Section No.

I understand that a **P** grade is a grade of “**C**” or better. **P/NP** grades are not computed in the grade point average. Although the units for **P** grades may be applied toward the 60 required for associate degree, they may be limited for transfer credit. Please consult with a counselor before choosing this option to determine if there are any negative implications for your choice. The **P/NP** option cannot be reversed after 25% of the course has passed.

STUDENT SIGNATURE: _____ DATE: _____

Note: Hand-carry only – Fax not accepted