



OFFICE OF THE REGISTRAR

445 WEST 59TH STREET, ROOM 4113N.
NEW YORK, N.Y. 10019
PHONE NUMBER 212-237-8878
FAX NUMBER: 212-237-8875

PASS / FAIL OPTION

SUMMER _____ FALL _____ WINTER _____ SPRING _____

CONDITIONS:

1. Student **HAS COMPLETED** 60 degree credits with a minimum 2.0 Grade point average.
2. Course is **NOT** a General Requirement.
3. Course **MAY NOT BE USED** to satisfy Major.
4. **ONLY ONE (1)** Pass/Fail Option may be credited toward the satisfaction of degree requirements during a semester.
5. **NO MORE THAN FOUR (4)** Pass/Fail Options will be credited toward the satisfaction of degree requirements.
6. This declaration must be received at the Registrar's Office by the close of the **SECOND WEEK OF CLASSES, OR FIRST WEEK OF SUMMER AND WINTER SESSION.**
7. The declaration is **IRREVOCABLE.**

NAME: _____ SOC. SEC. #: _____
Last First

CONTACT PHONE _____ / _____ / _____ EMAIL _____
HOME CELL

MAJOR OR FIELD OF STUDY _____ COURSE & NUMBER _____ SECT.: _____

I have read and understood the conditions concerning the Pass/Fail Option. _____
(Signature)

DATE: _____ / _____ / _____

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Rec'd by: _____