

SAMFORD UNIVERSITY

PASS/FAIL

A course may be changed from a graded basis to pass-fail or from pass-fail to a graded basis any time **prior to the deadline for withdrawing from a class without academic penalty** as stated in the official calendar. See the policy below for more information.

Name: _____ **Date:** _____
 (Please Print) (Last) (First) (Middle)

Banner SUIID: _____ **SU Email:** _____@samford.edu **SU Box: 29** _____

Telephone Number (Daytime): _____

I request permission to register for:

_____ in the _____ Semester/Term on a Pass/Fail basis.
CRN, Course Prefix, & Number (i.e., 20849, ACCT 211) **Term** **Year**

Pass/Fail Basis Grading System Policy

(from the Samford University Catalog)

Any student who is enrolled in the Howard College of Arts and Sciences, the School of the Arts, the Brock School of Business, Orlean Bullard Beeson School of Education, the School of Health Professions, or the School of Public Health who is classified as a sophomore, junior, or senior, may elect to receive a pass/fail grade rather than a letter grade in no more than 12 credits of regular coursework. In a course elected for grading on the pass/fail basis, the student's grade shall be designated "pass" or "fail." A grade designation of "pass" shall not be included in the student's grade point average; a grade of "fail" shall be included at 0.00 quality points per quality credit.

No course elected for grading on the pass/fail basis shall satisfy any part of a core, general education, major, or minor requirement for graduation. Successfully completed pass/fail courses will count toward the 300/400-level requirement and toward the minimum total credits. The student can change from a grading basis to the pass/fail basis or from the pass/fail basis to the grading basis any time prior to the deadline for withdrawing from a class without academic penalty.

Certain internship and externship courses may be taken for pass/fail credit only. Credits earned in these courses may count toward the major or minor requirement and will not be included in the 12-credit limit. (Consult with your dean or advisor before registering for pass/fail credit.)

I have read the policy above and understand that my status must be at least a sophomore and upon completion of this pass/fail course, I will not exceed a total of 12 pass/fail credits.

Student's Signature _____
Date

Instructor's Name (Please print)

Instructor's Signature _____
Date

Approved by: _____
Signature of Advisor _____
Date

The following is for OFFICE USE ONLY

Office of the Registrar _____
Status (Check credits) _____ **GPA** _____ **Total Past P/F Credits** _____
Date Entered _____