

Only Available to
MONTCLAIR STATE UNIVERSITY UNDERGRADUATE STUDENTS

Read the following regulations before signing below:

1. Only courses which are **FREE ELECTIVES** in the student's program are eligible for Pass/Fail credit.
2. Courses which meet the major, minor, collateral, teacher certification, communications, or general education requirements are **INELIGIBLE**
3. Students are eligible to select **ONE** course per semester for Pass/Fail credit. (**Exception:** Courses offered **ONLY** on a Pass/Fail basis will not prevent the student from taking an additional course on a Pass/Fail option during that semester.) Pass/Fail credit is not to exceed 24 hours in the degree program.
4. Students may elect to rescind this application at any time through the ninth week of the semester.

Students will receive either a grade of "P" (pass) or "F" (fail) for course work completed under this option. A grade of "P" does not affect the student's GPA; however, a grade of "F" will have the same effect as a traditional failure. Students are advised that a "P" grade cannot be converted to a letter grade for any purpose including changing majors, attending graduate school, obtaining certification, or transferring to other college requiring letter grades.

Procedure:

Any student electing the Pass/Fail option must complete this form and return it to the Office of the Registrar prior to the end of the third week of classes for regularly scheduled courses or its equivalent for short term and summer courses. Dates will be published in the Schedule of Courses Book.

Any student electing to rescind this application must present his/her copy of this form to the Office of the Registrar prior to the end of the ninth week of the semester for regularly scheduled courses or its equivalent for short term and summer courses. Dates will be published in the Schedule of Courses Book. Upon submission and verification, the pass-fail request will be voided and a letter grade condition will be in effect. **NO CHANGES MAY OCCUR AS OF THE TENTH WEEK OF THE SEMESTER.**

Student Last Name _____ Student First Name _____ CWID (Student IID Number) _____

Full Course Number _____ Title _____ Credit Hours _____ Semester/Year _____

I have read, understand, and agree to the above regulations and procedures. _____
Student Signature _____ Date _____

Office Use Only	
Career: _____	(cannot be GR)
Sp Prog: _____	(cannot be VIS)
Initials: _____	
Date: _____	_____
	Validation Stamp

For Rescinding Purposes Only	
I request that this Pass-Fail Application be rescinded.	

Student's Signature	

Office Use Only	
Initials: _____	
Date: _____	Validation Stamp _____

Distribution: Original-Office of the Registrar; Copy-Student