

Pass-Fail Option | Request Form

Office of Academic Records



PO Box 139 | Dryden, NY 13053-0139 | Phone: 607.844.6500 | FAX: 607.844.6550 | Email: acadrec@tompkinscortland.edu

Complete this form and return with all signatures to the Enrollment Services Center, Room 101.

Student's Name:

Course: _____ Section# _____ Year/Term _____

Program: _____ Degree: _____ Date: ____ / ____ / 20 ____

I request that my grade for the above course be assigned as a Pass or Fail.

To receive a Pass, I must earn at least a C or better in the course. A grade of Pass will not be included in my GPA calculation, but a Fail will be included.

Up to six credit hours of coursework may be taken Pass-Fail toward my degree.

Student's Signature: _____ Date: ____ / ____ / 20 ____

Instructor's Signature: _____ Date: ____ / ____ / 20 ____

Instructor's name (PRINT): _____

Program Coordinator's Signature: _____ Date: ____ / ____ / 20 ____

Program Coordinator's name (PRINT): _____ Date : ____ / ____ / 20 ____