



Saint Xavier
UNIVERSITY

Office of Records and Registration

PASS/FAIL GRADE REQUEST

Term _____

Last Name _____ First Name _____

Student ID# _____ Today's Date _____

I wish to elect Pass/Fail grading for the following course:

Subject	Course#	Section	Title	Semester Hrs.
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Instructor's Signature _____

I understand that Pass/Fail grading may not be taken in:

1. any course fulfilling general education requirements;
2. any course in the major field; and/or
3. any course specified as required in a major program, even though the course is in a department other than the major.

"P" grade is **not** computed in semester or cumulative average

"P" grade may **not** be changed to an "A", "B", "C", or "D" grade at a later date

"P" grade may **not** be used in the calculation of graduation honors

"F" grade **does** affect the grade point average

Signed form must be in the Records and Registration Office by Monday of midterm week.

Student's Signature