



## PASS / FAIL OPTION REGISTRATION FORM

This form must be submitted to Enrollment Services, located in Jules Center or emailed to [studentrecords@sunyjefferson.edu](mailto:studentrecords@sunyjefferson.edu) prior to the end of the second week of instruction and in accordance with college procedure. See [Pass-Fail Option](#) for further details.

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Student ID / J Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Academic Status:  Matriculated (Degree-seeking)  Non-matriculated

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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### COURSE INFORMATION:

Semester Term and Year: \_\_\_\_\_

Course Title: \_\_\_\_\_

CRN: \_\_\_\_\_

Instructor: \_\_\_\_\_

### PASS/FAIL DETAILS & ACKNOWLEDGEMENT

- Students may choose **one** course per semester outside of the major field of study on a pass-fail basis.
- Students may choose a maximum of **four** such courses during their academic career at the College.
- A part-time student must complete a minimum of six semester hours prior to requesting a pass-fail option. This option requires approval by the student's advisor prior to the end of the second week of instruction in a given semester.

I, \_\_\_\_\_, certify that I'm taking the above course on a pass/fail.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### INTERNAL USE ONLY

Processed by Signature: \_\_\_\_\_

Date: \_\_\_\_\_