



PASS / FAIL OPTION REGISTRATION FORM

This form must be submitted to Enrollment Services, located in Jules Center or emailed to 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: _____

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: _____