



SAINT MICHAEL'S COLLEGE  
 Office of the Registrar  
 One Winooski Park  
 Colchester, Vermont 05439  
 Telephone: (802) 654-2571  
 Fax: (802) 654-2690

## REQUEST TO TAKE A COURSE PASS/FAIL

(Please take two copies of this form.)

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

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

Student ID #: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

I wish to take the following course on a Pass/Fail basis:

- I completed at least **15 credits** in the previous semester with a grade point average of at least **3.0**.
- I understand that this course is **not in my major** or a course required for my major and **does not satisfy a Core or Liberal Studies requirement**.
- I also understand that **I may not decide to change this agreement** at a later date.

COURSE			COURSE TITLE
DEPT.	NUMBER	SECTION	

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Instructor's Name (Please Print)

\_\_\_\_\_  
 Instructor's Signature

\_\_\_\_\_  
 Date

**This form MUST be signed and returned to the Registrar's Office, Founders Hall 112, DURING THE FIRST WEEK OF THE SEMESTER.**

**A duplicate copy of this form must be filed with the instructor.**

*(Please note that the grade submitted must be either a P (Pass) or F (Fail).)*