



PASS / NO-PASS OPTION PETITION

SU 20____ FA 20____ SP 20____

Student ID #: _____ Email: _____@insite.4cd.edu

Last Name: _____ First Name: _____

I choose to take the following courses with the Pass/No Pass option:

Subject (ex. ENGL)	Course No. (ex. 142B)	Section No. (ex. 0001)

Date Stamp & Operator Initials

Signature _____

Date _____

I understand that a **P** grade is a grade of “**C**” or better. **P/NP** grades are not computed in the grade point average. Although the units for **P** grades may be applied toward the 60 required for associate degree, they may be limited for transfer credit. Please consult with a counselor before choosing this option to determine if there are any negative implications for your choice. The **P/NP** option cannot be reversed after 25% of the course has passed. The “Pass/No Pass” petition must be submit to the Admissions & Records Office within the first 25% of the term.

OFFICE USE ONLY

Processed by: _____

Date: _____