



PASS OR FAIL GRADE AGREEMENT

Name: _____

BUID:

B	0	0							
---	---	---	--	--	--	--	--	--	--

Phone: _____ Email: _____

Cumulative Earned Hours: _____ Cumulative GPA: _____ Major: _____ Minor: _____

SPECIFICATIONS FOR A PASS/FAIL GRADE REQUEST:

- Student must have earned a minimum of **64** credit hours.
- Student may elect up to **12 Belmont** academic credit hours of course(s) for pass/fail grade approval.
- Courses will only count in the **general free electives** category.
- Courses will **not** satisfy general education, major, or minor/concentration requirements.
- Once the drop/add period has ended for the term, a student is not permitted to change the grade from a pass/fail to a normal grade.
- Review the pass/fail grading policy in the Academic Policy section of the current university undergraduate catalog: <http://catalog.belmont.edu/content.php?catoid=3&navoid=114>

Instructions:

1. Present this form to a student's **major academic advisor** for approval.
2. After registering for the course, take this form to the **instructor of the course** for signed permission of the pass/fail grading option.
3. Bring this completed form with all signatures to the **Office of the Registrar** (at Belmont Central) for processing. (Incomplete forms will not be accepted. This form must be filed with the Registrar's office no later than the last day of the drop/add period within the semester)

I AM REQUESTING TO TAKE THE FOLLOWING COURSE FOR A FINAL GRADE OF PASS OR FAIL

FALL 20_____ SPRING 20_____ SUMMER 20_____

Course Prefix	Course Number	Course Section	CRN (5 Digits)	Course Title	Credits

Please sign below to acknowledge the requirements of the pass/fail grading policy have been reviewed. I request a pass/fail grade mode in the course indicated above.

STUDENT SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY MAJOR ACADEMIC ADVISOR:

Advisor's Name (print): _____

Advisor's Signature: _____ Date: _____

TO BE COMPLETED BY THE COURSE INSTRUCTOR:

Instructor's Name (print): _____

Instructor's Signature: _____ Date: _____

Office of the Registrar: _____ Date: _____

Please return to Belmont Central in the Gabhart Student Center or via: **Fax:** 615-460-5415 or **Email:** registrar@belmont.edu

Phone: 615-460-6619