

Office of the Registrar Hepburn 214

Email: Registrar@njcu.edu

Website: https://www.njcu.edu/registrar

Phone: 201/200-3334 Fax: 201/200-2062 1. Use Adobe Acrobat Reader DC to complete this form. If needed, this can be <u>downloaded from Adobe.com</u> for Free.

2. All fields with a red box are required.

3. Once form is completed, click on the SUBMIT button and the request will be emailed to registrar@njcu.edu. If errors are encountered, save the PDF form and either email

registrar@njcu.edu or fax: 201-200-2062.

(Type your name as your signature on the line above.)

REQUEST FOR PASS – FAIL GRADE

(PRINT) LAST NAME	FIRST NAME	STUDENT ID NUMBER
general studies course (but NOT in an ACR	of requesting a final grade of "Pass" or "Fail" ins <u>course)</u> , or in an academic minor program cours tal degree program. No more than ONE course	se. The Pass/Fail option is limited to a total of
During the regular semesters, this applic During summer session, the deadline for calendar for dates. STUDENT COMPLETES THIS SEC	ation must be filed with the Registrar by Nover filing is determined by the calendar for the second states of the	ember 1 st for Fall and April 1 st for Spring. pecific summer session. See summer
Current Semester and Year	REGISTRAR'S OFFI	CE USE ONLY:
Class#	Registrar's Staff Initi	ials Date
Course Title	Student Email (Required)
Instructor's Name	 Student Signatu	re Date