

CUYAMACA COLLEGE
PASS/NO PASS GRADE REQUEST

PRINT IN INK

Semester: Spring 20 _____ Summer 20 _____ Fall 20 _____

Course: _____ Instructor's Name: _____
 Section # Subject/Number

Colleague ID#: _____

I, _____ request to be graded on a Pass/No Pass basis.
 Last Name First Name Middle Initial

I understand that:

1. Pass (P) courses cannot be counted as part of the requirements for my major.
2. A maximum of 12 units of pass (P) grades, earned at Cuyamaca College, may be counted toward satisfaction of graduation requirements.
3. **P/NP grades are final and CANNOT be changed to a letter grade at a later date.**
4. Once the P/NP deadline has passed for the above course, this decision is **irrevocable.**

My signature below indicates that I have read, understand and accept the above provisions.

_____ **X** _____
Date Student's Signature

Date Received _____ Received By _____ Date Processed _____ Processed By _____