









## **Pass/Fail Course Request Form**

This completed form must be returned to the Registration and Records office located in Student Services at the time of registration and **cannot be changed** once late registration has ended. Students planning to transfer to senior institutions are discouraged from taking courses under the pass/fail option.

Name:						
(Last)	(Last)		(First)		(Middle)	
ECC ID Number: _		email:			@iecc.edu	
Major:			Check one:	Freshman	Sophomore	
Earned Credits:	Cumul	Cumulative GPA:				
	de the Course Reference Numesting the pass/fail option. Yo				• •	
CRN	Course Number	Instruc	or's Name	Semester/Year		
Student Signature	:		Date:			
Advisor Signature:				Date:		
Notes:						
<ol> <li>A student of certificate, entitled "In</li> <li>A student of certificate, entitled "In</li> <li>A student of certificate, entitled of certificate, entitled of certificate, entitled of certificate of certificate</li></ol>	may take a maximum of twenrolled in a transfer degreenrolled in a certificate or a degree courses for pass/fanternship" or "Seminar".  may take continuing education of the continuing education of the continuing education and fees apply.	e may not take go an Associate in Ap il credit. Exception tion courses for pareceive a P in a pa	eneral educat plied Science ns: NUR 1206 ass/fail credit ss/fail course	ion requirements degree program , NUR 2205, or th	for pass/fail cre may not take	
		Office Use Only	,			
Processed by:			Date:			