YORK College
OFFICE OF THE REGISTRAR
94-20 Guy Brewer Blvd., Jamaica, NY 11451
Phone (718) 262-2145 * Fax (718) 262-2631
registrar@york.cuny.edu

Application to register for a course on the Pass/Fail Option

***All information provided will be used to update York College records.**
Clearly print your information below.

Name _____ _____ _____
Last First M.I.

***Address** _____
(*including Apt. number*)

***City** _____ ***State** _____ ***Zip Code** _____

***Home Phone #** _____ **Business Phone #** _____

York College: e-mail account _____

Social Security Number _____ **Semester** _____
(Last four (4) digits only)

ELIGIBILITY FOR A PASS/FAIL OPTION:

1. Student must be at least a lower Sophomore (30 completed credits at the time of this application).
2. Student may **not** select a course which is needed to fulfill general education requirements, major and/or minor requirements.
3. A student who is on **PROBATION** may not take a course on pass/fail basis.
4. No more than six courses may be taken on a pass/fail basis, but only **one course may be taken on pass/fail basis per semester.**

THE LAST DAY TO RESCIND THIS PASS/OPTION IS THE LAST DAY OF CLASSES FOR THIS SEMESTER. THIS IS DONE IN PERSON AT THE OFFICE OF THE REGISTRAR, ROOM AC-1H06.

Major: _____ Minor: _____

Course/Number/Section that pass/fail option is requested: _____

Is this course a free elective? _____ Yes _____ No Number of completed credits _____

Courses previously taken on a pass/fail basis. (Please list) _____
_____

I certify that I have read the terms of the pass/fail option and I am eligible to apply.

Student's Signature _____ **Date** _____

If you decide to rescind this option you must return to the Office of the Registrar in person with a copy of your original pass/fail option form and consult the appropriate staff member.

A COPY OF THIS FORM MUST BE RETAINED BY STUDENT

FOR OFFICE USE ONLY	INITIALS
APPROVED	
DENIED	