Pass/Fail Option Form

Student should retain a copy of this form for their record.

Student has until the last day to withdraw from courses with a "W" as published on the Academic Calendar for the term to **OPT-IN** for the Pass/Fail Option.

Eligibility requirements for Pass/Fail Option:

1. Currently not on academic Probation.
2. Must have a 2.00 cumulative grade point average (GPA) or better at York College.
3. Must be at least a lower Sophomore (30 credits completed).
4. May not select a course needed to fulfill General Education, Pathways, Major or Minor requirements.
5. May not select Graduate level courses.
6. Have not exceeded six courses on a Pass/Fail basis.
7. Only one course may be taken on a Pass/Fail basis per semester.

Semester: _____ **CUNYFirst EMPL ID**: _____

Name: _____ _____ _____
Last First Middle

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: Home: _____ **Cell:** _____

York College Email: _____

Major: _____ **Minor:** _____ **Crs. Earned:** _____

Pass/Fail option is requested for: _____ _____ _____ _____
Course **Number** **Section** **CUNY 1st Class #**

Is the requested course a free elective? ◯ Yes ◯ No

Previous course(s) taken on Pass/Fail basis:
1._____ 2. _____ 3. _____ 4. _____5. _____

I certify that I am eligible for the Pass/Fail Option.

_____ _____
Student's Signature **Date**

*Student has until the last day of classes (not finals) to **OPT-OUT** of the Pass/Fail Option.*
*To **OPT-OUT** the student must sign the original application located in the Office of the Registrar, Room AC–1H08.*

I wish to **OPT- OUT** of the Pass/Fail Option: _____ _____
Student's Signature **Date**

FOR OFFICE USE ONLY

Staff Initial: _____ Date: _____ ◯ Photo ID Checked

◯ Approved ◯ Denied Reason for Denial _____
◯ Email Sent Initials_____ Date_____