Office of the University Registrar
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541
Fx: 610-436-2370
www.wcupa.edu/registrar
registrar@wcupa.edu

WCU ID# _____
Required

PASS/FAIL COURSE REQUEST

Instructions: Please complete all information on the form and return to the Registrar's Office for processing. Incomplete forms will not be processed. This form must be filed by the end of the ninth week of the semester. Please refer to the Undergraduate Catalog for more information on the Pass/Fail policy.

Term: ☐ Fall _____ (Year) ☐ Winter _____ (Year) ☐ Spring _____ (Year) ☐ Summer _____ (Year & Session)

Please check: ☐ Sophomore ☐ Junior ☐ Senior

Student Name: _____ **Phone**: _____

MAJOR: _____ EARNED CREDITS: _____

CUM GPA: _____

I request to take the following course pass/fail:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	

This section to be completed by the student's major academic advisor.

☐ APPROVE Print Last Name: _____

Signature: _____ Date: _____

The Pass/Fail Policy is as follows (and is also found in the Undergraduate Catalog):

1. All degree students who are sophomores, juniors or seniors with a cumulative GPA of at least 2.00 are eligible to take courses pass/fail.
2. The pass/fail privilege is limited to one course per semester; **only free electives may be taken on a pass/fail basis.** Free electives may not be used to satisfy major, core, cognate, or general education (including) distributive requirements. Interdisciplinary, diverse communities and writing emphasis courses taken to satisfy these requirements **may not** be taken pass/fail.
3. A grade of *pass* carries credit value but does not affect the cumulative grade point average.
4. A grade of *fail* is computed into the cumulative grade point average.
5. After contracting for a pass/fail, the student may not request or accept any grade other than P or F.
6. This process must be completed by the end of the ninth week of the semester (or equivalent in summer sessions).

Student's signature (required): _____ **Date**: _____

Office Use Only

Processed by: _____ Date: _____