



# Pass-Fail Option

Office of Academic Records

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Student's Name: \_\_\_\_\_

Course: \_\_\_\_\_ Section# \_\_\_\_\_ Year/Term \_\_\_\_\_

Program: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

***I request that my grade for the above course be assigned as a Pass or Fail. To receive a Pass, I must earn at least a C or better in the course. A grade of Pass will not be included in my GPA calculation, but a Fail will be included.***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_