Graduate Student Pass/Fail Approval Form

**Instructions:** Use this form ONLY after the pass/fail deadline has passed.

Date: ____________________________

Eagle ID Number: __________  __________  __________  __________

Name: ____________________________

Last

First

Index #  

Course #  

__________  __________  __________  __________  __________  __________  __________  __________  __________  __________

Academic Year: __________ to __________

Semester:  

☐ First

☐ Second

☐ Summer

Requires Permission of Associate Dean:  

(see below)

☐ GA&S (02) Candace Hetzner

☐ LAW (04) Elizabeth Rosselot

☐ GSSW (06) Teresa Schirmer

☐ LSOE, Graduate Programs (10) Elizabeth Sparks

☐ CSOM, Graduate Programs (11) Jeffrey Ringuest

☐ CSON, Graduate Programs (14) M. Katherine Hutchinson

☐ STM (18) Jennifer Bader

Instructor Approval: ____________________________  

Date: ____________________________

Associate Dean’s Office Approval: ____________________________  

Date: ____________________________

Updated March 4, 2014