

Graduate Student Pass/Fail Approval Form

BOSTON COLLEGE
Office of Student Services

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

Date: _____

Academic Year: _____ to _____

Eagle ID Number:

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Semester:

- First
- Second
- Summer

Name: _____
Last First

Requires Permission of Associate Dean:
(see below)

Index #

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 Course #

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- GSMCAS (02) Candace Hetzner
- LAW (04) Elizabeth Rosselot
- BCSSW (06) Teresa Schirmer
- Lynch, Graduate Programs (10) Elizabeth Sparks
- CSOM, Graduate Programs (11) Marilyn Eckelman
- CSON, Graduate Programs (14) Susan Kelly-Weeder
- STM (18) Jennifer Bader

Instructor Approval: _____

Date: _____

Associate Dean's Office Approval: _____

Date: _____