REQUEST FOR A COURSE TO BE PLACED ON PASS/FAIL

Deadline: Submit this form to your counselor by the end of the 8th week of each semester.

STUDENTS:
The intent of pass/fail is to encourage students to experiment and explore by taking courses they would not take otherwise.

SENIORS:
Please consult with the admissions office of the college(s) to which you are applying to find out if they will permit you to take a course pass/fail and how they interpret a pass/fail grade on an applicant's transcript.

GUIDELINES FOR PASS/FAIL:

1. Students may elect any course offered in the school for a pass/fail grade **EXCEPT THOSE REQUIRED FOR GRADUATION**, or those used for meeting a graduation requirement. Traffic Safety is always pass/fail.
2. A student may not take a sequential or prerequisite course on a pass/fail basis. Students are ineligible to enroll in a course for which the prerequisite was taken pass/fail. Except with the permission of the department chairperson, only the last semester of an intended sequence may be taken pass/fail.
3. A student must elect to take a course on pass/fail basis before the withdraw deadline. Once a student elects to take a course pass/fail, that decision will not be reversed.
4. To obtain a "pass" in a course, the student must obtain a grade of "D-" or better in accordance with the standards of that course. If special arrangements regarding the pass/fail course are requested by the student and approved by the teacher, then these special arrangements should be stated in writing.
5. A student and their parent/guardian are responsible for the decision to place a course on pass/fail. Parents/guardians must approve decisions to take courses on a pass/fail basis. We recommend the student to consult with the counselor on this decision. Please note that taking a course pass/fail could have an impact on college admissions.
6. Per policy 6-300, all students must have at least 37 credits in regularly-graded courses to fulfill graduation requirements; the minimum caseload for full-time students is 5 credits per semester.

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Date: _____ Counselor Name: _____

Student Name:_____ ID#: _____ Year in School (circle): 9 10 11 12

Course Title:_____ Teacher Name: _____

I accept the conditions set forth in the pass/fail guidelines and request to Take the course on a pass/fail basis for the following term(s) (check only one):

___ Semester 1 only
___ Semester 2 only
___ Semesters 1 & 2

_____ _____
Student Signature and Date Parent/Guardian Signature and Date

_____ _____
Teacher Signature and Date Department Chair Signature and Date

Student: Sign and obtain all above signatures and return form to your counselor by the scheduled date.