



APPLICATION FOR PASS/FAIL ENROLLMENT
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR SERVICES

Note to Student: Be sure you understand your college's policy and rules regulating Pass/Fail enrollment.			
Name (Last, First, Middle):		ASU ID Number:	Date:
Current Mailing Address (no, street, apt.):		City, State, ZIP:	
Major:	College:	Total Earned Hours:	Cum. GPA:
Schedule Line Number of Class:	Course Prefix and Number:	Course Title:	
Where will this course be applied to your curriculum? (Check One): <input type="checkbox"/> Major <input type="checkbox"/> General Studies <input type="checkbox"/> Other, Please Specify: <input type="checkbox"/> Minor <input type="checkbox"/> Free Electives			
Have you taken other courses with the Pass/Fail grading option? (Check One): <input type="checkbox"/> Yes* <input type="checkbox"/> No		*If you answered "Yes," how many total credit hours have you taken with the Pass/Fail grading option? _____	
STUDENT SIGNATURE (Required): _____			Date:
INSTRUCTOR SIGNATURE: _____			Date:
AUTHORIZED SIGNATURE OF COLLEGE/ACADEMIC UNIT OF MAJOR (Required) (Authorized signatures are valid for 5 business days): _____			Date:
Submit this completed and approved form; along with the appropriate Initial Registration Request or Drop/Add Request form to any University Registrar Services location (see http://students.asu.edu/contact/office-university-registrar for location information). Transaction requests must be submitted by the deadline date. (See the University Registrar's Semester Calendar at: http://students.asu.edu/registrar-semester-calendar for deadline dates). For more information see the ASU University Registrar Services website at: http://students.asu.edu/registration .		For Registrar Office Use Only File Date: _____	