Name: ______________________________ 
BUID:  
B00 

Phone: ___________________________ Email: ________________________________

Cumulative Earned Hours: ___________ Cumulative GPA: ________ Major: ___________ Minor: ___________

**SPECIFICATIONS FOR A PASS/FAIL GRADE REQUEST:**

- Student must have earned a minimum of 64 credit hours.
- Student may elect up to 12 Belmont academic credit hours of course(s) for pass/fail grade approval.
- Courses will only count in the **general free electives** category.
- Courses will **not** satisfy general education, major, or minor/concentration requirements.
- Once the drop/add period has ended for the term, a student is not permitted to change the grade from a pass/fail to a normal grade.
- Review the pass/fail grading policy in the Academic Policy section of the current university undergraduate catalog: [http://catalog.belmont.edu/content.php?catoid=3&navoid=114](http://catalog.belmont.edu/content.php?catoid=3&navoid=114)

**Instructions:**

1. Present this form to a student’s **major academic advisor** for approval.
2. After registering for the course, take this form to the **instructor of the course** for signed permission of the pass/fail grading option.
3. Bring this completed form with all signatures to the **Office of the Registrar** (at Belmont Central) for processing. (Incomplete forms will not be accepted. This form must be filed with the Registrar’s office no later than the last day of the drop/add period within the semester)

**I AM REQUESTING TO TAKE THE FOLLOWING COURSE FOR A FINAL GRADE OF PASS OR FAIL**

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Section</th>
<th>CRN (5 Digits)</th>
<th>Course Title</th>
<th>Credits</th>
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Please sign below to acknowledge the requirements of the pass/fail grading policy have been reviewed. I request a pass/fail grade mode in the course indicated above.

**STUDENT SIGNATURE:** ___________________________  **DATE:** ________________

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**TO BE COMPLETED BY MAJOR ACADEMIC ADVISOR:**

Advisor’s Name (print): ___________________________  Date: ________________

Advisor’s Signature: ___________________________  Date: ________________

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**TO BE COMPLETED BY THE COURSE INSTRUCTOR:**

Instructor’s Name (print): ___________________________  Date: ________________

Instructor’s Signature: ___________________________  Date: ________________

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**Office of the Registrar:** ___________________________  Date: ________________

Please return to Belmont Central in the Gabhart Student Center or via:  **Fax:** 615-460-5415 or **Email:** registrar@belmont.edu

**Phone:** 615-460-6619

Revised October 2018