RIT | Division of Academic Affairs
Office of the Registrar   Request for Pass/No Pass Grading

Instructions:
This form is to be used by undergraduate students requesting to change the grading of a course from Standard Letter Grade to Pass/No Pass option. To be accepted, this form must have the student's and department approver signature and be submitted to the Office of the Registrar **prior to the last date of withdrawal** for the course session. Submission should be completed by emailing the form to registrar@rit.edu via RIT email.

An undergraduate student may select Pass/No Pass grade option for an eligible course. To be eligible, the course **must** be an open elective and cannot be used to meet the requirements of the student's major, minor, or student's general education requirement, including immersion. Review the policy at https://www.rit.edu/academicaffairs/policiesmanual/d050

General Information	**University ID Number: __ __ __ __ __ __ __ __ __** **Term: ____ Date: _____** **Name: _____ _____ _____** Last First Middle Academic Program: _____ Academic Plan: _____
Course Information One course per form	A student may take no more than 6 credit hours with Pass/No Pass option during a single academic term. Additionally, a student may attempt a maximum of 12 credit hours with Pass/No Pass option during their undergraduate academic career at RIT. To determine if the desired course meets the requirements for a Pass/No Pass option, please review your Academic Advising Report and work with your advisor or counselor.

Class No.	Subject	Catalog	Section	Course Title	Grading Basis
_____	_____	_____	_____	_____	**Pass/No Pass**

Revert the class back to standard letter grading - If you had previously requested the above class to be Pass/No Pass, you may elect to revert this grade back to the standard letter grading at any time before graduation. However, once you have selected to revert to a standard letter grade, the form cannot be resubmitted for Pass/No Pass on this class.

Example:

Class No.	Subject	Catalog	Section	Course Title	Grading Basis
12345	**XMPL**	**150**	**01**	**Project-Based Calculus**	**Pass/No Pass**

Student Signature	Sign: _____ Date: _____
Department Approver Signature	Print: _____ Email: _____@rit.edu Sign: _____ Date: _____

REG - Pass/No Pass   Distribution: Please keep a copy for your records. Send signed PDF to registrar@rit.edu