UNIVERSITY REGISTRAR

UNDERGRADUATE PASS/FAIL GRADING OPTION DECLARATION

## Important Notes

- A student may take only **one (1) course per term** on a pass/fail basis.
- **Twelve (12) hours is the maximum total term credit hours** that may be declared pass/fail and count toward a degree.
- A student must indicate his/her intention to take a course pass/fail **no later than the 12th day of classes (the 4th day of classes in summer sessions; the 2nd day of classes in intersession terms).**
- No pass/fail agreement is necessary for a course **defined** as pass/fail.
- Under the pass/fail option, **passing (P) grades are C- and above** and failing grades (F) are D+, D, D- and F.
- A student who declares a course pass/fail is **not entitled to know** the regular letter grade.
- The Pass/Fail grading basis is irrevocable once the Registrar's Office receives the Pass/Fail Option Declaration, and a pass/fail grade cannot be changed to a regular letter grade (or vice versa) after the pass/fail grade has been assigned.
- The grade of P in a class declared pass/fail is **not calculated** in the grade-point average; however, the credits **are included** in the total number of term credit hours earned.
- The grade of F in a class declared pass/fail **is calculated** in the grade-point average; however, the credits are **not included** in the total number of term credit hours earned.
- Courses taken to satisfy General Education or University Curriculum requirements and, in most cases, to satisfy requirements for the major or minor **cannot be taken** pass/fail.

Name: _____ SMU ID: _____
(Last) (First)

Email Address: _____ Major: _____

***I have read and fully understand the stipulations of the Pass/Fail Option as stated above and in the Student Catalog, and I have had all my questions adequately answered by my instructor and/or advisor.***

I elect to be evaluated on a Pass/Fail basis in

| PREFIX | CATALOG # | COURSE NAME |
|---|---|---|
| | | |

During (term) _____ (year) _____.

Student Signature: _____

Obtain all signatures below and return the Pass/Fail agreement to your Academic Dean or Dean's Representative.

| | APPROVED | DENIED | DATE |
|---|---|---|---|
| **ACADEMIC ADVISOR** | | | |
| **INSTRUCTOR** | | | |
| **STUDENT'S ACADEMIC DEAN *or* DEAN'S REPRESENTATIVE *** | | | |

* Cox School of Business — 252 Maguire Building
Dedman College — 134 Clements Hall
Meadows School of the Arts — 1120 Owen Arts Center
Lyle School of Engineering — 400 Caruth

Registrar's Office: _____ Date: _____