COLLEGE of CHARLESTON

OFFICE OF THE REGISTRAR

PASS/FAIL REQUEST

Student Name_____ Student ID Number:_____
Last First

Course Number Section Course Title
___ ___ ___ ___ -___ ___ ___ - ___ ___ ___ _____

Semester_____ Academic Year **20**____

_____ _____/_____/_____
Student's Signature Date

_____ _____/_____/_____
Registrar's Signature Date

This form MUST be submitted prior to the end of the Drop/Add period.

RO USE ONLY:

Processed by:_____
(Initials)

Date:_____

Last Updated: 08/13/08