

Pass/Fail Option Form

Student should retain a copy of this form for their record.

Eligibility requirements for Pass/Fail Option:

1. Currently not on Academic Probation.
2. Must have a 2.00 cumulative grade point average (GPA) or better at York College.
3. Must be at least a lower Sophomore (30 credits completed).
4. May not select a course needed to fulfill General Education, Pathways, Major or Minor requirements.
5. May not select Graduate level courses.
6. Have not exceeded six courses on a Pass/Fail basis.
7. Only one course may be taken on a Pass/Fail basis per semester.

Semester & Year: _____ CUNYfirst EMPL ID#: _____

Name: _____
Last First Middle

Phone: Home: _____ Cell: _____

York College Email: _____

Major: _____ Minor: _____ Credits Earned: _____

Pass/Fail option is requested for: _____
Course Number Section CUNYfirst Class

Is the requested course a free elective? Yes No

Previous course(s) taken on Pass/Fail basis:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

I certify that I am eligible for the Pass/Fail Option.

Student's Signature _____ Date _____

The completed form **MUST** be **UPLOADED** along with a **valid PHOTO ID** to the [Office of the Registrar secure Portal](#). Printed out forms **WILL NOT** be accepted in person.

*Students who have been approved for the Pass/Fail option and later wish to **OPT-OUT MUST** sign and **DATE** the **OPT-OUT** area below on their previously submitted form. **OPT-OUT** form **MUST** be **UPLOADED** to the [Office of the Registrar secure Portal](#) on or before the last day of classes (**NOT finals**) as listed on the [Academic Calendar](#). Printed out forms **WILL NOT** be accepted in person.*

I wish to **OPT-OUT** of the Pass/Fail Option: _____
Student Signature Date

FOR OFFICE USE ONLY

Staff Initial: _____ Date: _____ Photo ID Checked
 Approved Denied Reason for Denial _____
 Email Sent Initials _____ Date: _____