



SIMMONS UNIVERSITY
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617.521.3144
PASS/FAIL FORM

Please print the following information:

Student Name: _____

Simmons ID #: _____ Class Year: _____

Undergraduate students may select one course for the pass/fail grading option each semester.

Courses taken to fulfill certain competency requirements may not be taken for the pass/fail option (i.e. the Boston Course, any course counting toward the Language Requirement, MATH 101, MATH 102, Independent Learning, The Capstone). **In addition, certain majors and minors require that courses be taken for a letter grade.** Decisions regarding pass/fail should be discussed with your academic advisor.

As with all transactions, you should retain a copy of this form for your records. The form is valid only when **dated and initialed** by a member of the Registrar's Office staff.

COURSE DESIGNATED FOR PASS/FAIL:

Course Dept: _____ Course No: _____ Section: _____

Instructor Name: _____

Please note that pass/fail does not affect your GPA when the grade is a Pass. A failing grade will affect your GPA.

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Registrar's Staff: _____ Date: _____

If taking for Major or Minor:

Department Chair: _____ Date: _____

RETAIN THE LAST COPY FOR YOUR RECORDS AFTER THE FORM IS PROCESSED IN THE REGISTRAR'S OFFICE.