

Office of Records and Registration Eastern Michigan University 304 Pierce Hall ● Ypsilanti, MI 48197 Phone: (734) 487-4111 ● Fax: (734) 487-6808 registrar@emich.edu

Graduate Request to take Undergraduate Course as Pass/Fail

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to the Office of Records and Registration at registrar@emich.edu.

Name:		EID:		
Email:		Phone:		
Address:	I			
I request permission to take as pass/fail the following o	course(s) durin	ng the following semeste	er/year:	
Semester/Year (circle one) CRN	Subject	Course Number	Credit Hours	
FA WI SU Year:				
FA WI SU Year:				
REMOVE the Pass/Fail for the above course(s)				
Graduate Program:	Academic D	Department:		
I understand that pass-fail enrollment is allowed for underg of study. NO graduate course may be taken as pass/fail. I deadline dates associated with this action.				
Student Signature		Date		
Program Coordinator Signature		Date		
Ypsilanti, Email: regi	-	istration 197 n.edu		
FOR O	FFICE USE ONLY			
Processed in Banner:				
Staff Signature		Date		