

Request for Pass/No Pass

Student's ID		
Last Name	First Name	Middle Initial
Class Information:		
Term	Year	
Course Name	Section #	
I understand that:		
department approved cour A maximum of 12 credit un counted in satisfaction of graduation.	counted toward fulfillment of major re rses graded on a P/NP basis only). nits earned at Grossmont College wit general education and elective curriculas passed, this option is irrevocable.	h PASS grade may be ulum requirements for
My signature below indicates I ha	ave read, understood, and accepted the ab	bove provisions.
Signature		Date
Submit this form to the Admission (619.644.7933), or in person (Bui	ns and Records Office via e-mail (Grossmo ilding 10-Student Services).	ont.ar.systems @gcccd.edu), fax
	OFFICE USE ONLY	
Proce	essed by: Date processed:	