



New York University Graduate School of Arts and Science

INSTRUCTIONS

- This form must be completed prior to the end of the **THIRD WEEK OF THE SEMESTER** for a fall or spring term course. This form must be completed prior to the **THIRD MEETING OF THE CLASS** for summer session course. Once this option is utilized, such decisions cannot be changed, nor will a letter grade be recorded. Please see sections 4.2-4.4 and 4.7 of the GSAS Policies and Procedures Manual for rules governing pass/fail grading.
- Requests should be submitted by the department to the Office of Academic and Student Affairs (OASA), 6 Washington Square North, 2nd floor.
- Incomplete submissions will be returned to the department.

GSAS Department of Student:

(If student not enrolled in GSAS, list department offering course)

Student Name:

UID:

I have previously elected the pass/fail option in:

Course Title

Course Number

Year and Semester

I hereby elect the following pass/fail option for the following academic semester and course:

Course Title

Course Number

Semester

Signature of Instructor: _____ Date _____

Signature of Student: _____ Date _____

Signature of Advisor: _____ Date _____

For OASA use only

Approved ☐ Denied ☐

OASA Signature: _____

Date Received: _____

Date: _____