

REQUEST FOR A COURSE TO BE PLACED ON PASS/FAIL

Deadlines: Submit to your counselor by end of 8th week of each semester

STUDENTS:

The purpose of taking a class pass/fail is:

1. To encourage the exploration of new areas of study
2. To encourage the taking of more difficult courses
3. To relieve excessive academic pressure

SENIORS: Please consult with the admissions office of the college(s) to which you are applying to find out if they will permit you to take a course pass/fail and how they interpret a pass/fail grade on an applicant's transcript.

GUIDELINES FOR PASS/FAIL:

1. A student may elect any course offered in the school for a pass/fail grade under this policy EXCEPT THOSE REQUIRED FOR GRADUATION.
2. A student may not take a sequential or prerequisite course on a pass/fail basis. Except with the permission of the department chairperson, only the last semester of an intended sequence may be taken pass/fail.
3. To obtain a "Pass" in a course, the student must earn a grade of "D-" or better, in accordance with standards of that course. The student must meet the same attendance and assignment requirements as regularly graded students. If at any time during the semester the teacher concludes that the student is not fulfilling these expectations, the department chair will meet with the student to determine the student's continuing pass/fail status.
4. A student and his/her parent/guardian are responsible for the decision to place a course on pass/fail. We recommend the student to consult with the counselor on this decision. Please note that taking a course pass/fail could have an impact on college admissions.
5. A senior student on pass/fail may elect not to take the final exam during their final semester, if they have an average of at least 80% at the time of the exam.
6. Upon graduation, at least 37 credits must be taken for a letter grade.

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Date: _____

Student Name: _____ ID#: _____ Year in School: 9 10 11 12

Course Title: _____ Teacher Name: _____

I accept the conditions set forth in the pass/fail guidelines and request to take the course on a pass/fail basis for the following term(s): (Check only one.)

- Semester 1 only
 Semester 2 only
 Semesters 1 & 2

(Student Signature and Date)

(Parent/Guardian Signature and Date)

(Teacher Signature and Date)

(Department Chair Signature and Date)

Student: Sign and obtain Parent/Guardian, Teacher, and Department Chair signatures and return form to your Counselor.

(Counselor Signature and Date)

**Counselor, a check here indicates:
"Student will drop 2nd semester."
Please attach a Schedule Change Form**