

Prior to submitting this petition, the student should carefully review "Pass/Fail System" in the "Academic Policies and Procedures" section of the latest Undergraduate Catalog. The catalog is available online at www.neu.edu/registrar/catsugd.html.

Part 1—Student Information

Name _____ NUID _____ - _____

Street address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Graduation Year _____ Pattern of Attendance _____ Program _____

Part 2—Course Information

Semester: Fall Spring Summer 1 Summer 2 Full Summer Year _____

CRN	Course #	Course Title	Instructor	Credit

Please provide a brief (one-paragraph) rationale for requesting to take this course pass/fail:

Part 3—Signatures

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Instructor's Signature _____ Date _____

Office Use Only

Accepted Denied By _____ Date _____

Comments: _____