Northeastern University Office of the University Registrar

Petition To Elect Pass/Fail Grade

Undergraduate Day

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

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. This form will not be accepted if submitted after the deadline.

Part 1—S	tudent Info	ormation						
Name					NUID			
Street addre	ess							
City						State Zip		
Phone				E-Mail Add	ress			
Graduation Year Pattern of Attendance				Program				
Part 2—C	ourse Info	rmation						
Semester:	□ Fall	□ Spring	□ Summer 1	☐ Summer 2	□ Full	Summer Year		
CRN Course #		se #	Course Title			Instructor	Credit	
Part 3—S	ignatures	Advisors/	Instructors shou	uld not sign after	the 8th	week of a Fall/Spring terr	n	
Student's Si					Date			
Advisor's Signature						Date		
Instructor's Signature						Date		
Office Us	se Only							
☐ Accepted	ed By				Date			
Comments:								