Pass / No Pass Grade Option Request

To use this form you must be currently enrolled in a credit course that has a Pass/No Pass Grade Option

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>Year/Term</th>
<th>Course &amp; No (e.g. Eng 01A)</th>
<th>CRN (Course Registration. No.)</th>
<th>Name of Instructor</th>
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To determine whether Pass/No Pass is a good option or to receive assistance submitting the form contact the Counseling Center at askmccounselor@missioncollege.edu.

My signature below signifies that I have read the instructions and have adhered to the published deadlines to select this option. I agree to sign and submit this form to the Admissions & Records office by the Pass/No Pass deadline (each section has a specific deadline – as verified against the deadline within the MC Portal). Forms must be received by or before the individual section deadline.

- I understand that the Pass/No Pass option is not reversible and after submitting this form to the Office of Admissions & Records, and I may not change my mind at a later date and request a letter grade.
- I understand the Pass/No Pass option policy and I elect to receive a P or NP grade in the course section(s) I have identified on this form.
- I understand that it is my responsibility to verify whether or not the courses listed on this form are offered with a Pass/No Pass option by checking with the instructor, the current college catalog.
- I understand that it is my responsibility to verify if the Pass/No Pass option is available within my major degree work or if it is transferable to a four-year college or university. Conferring with a counselor can help me verify this information

My signature below confirms that I understand the conditions stated above.

Student Signature __________________________ Date _______________

Instructions for selecting the Pass / No Pass Grading Option

As the student it is your responsibility to:
1. Download the Pass/No Pass Grade Option Request Form from MC Admissions & Records web page.
2. Complete and sign the form.
3. Submit the completed and signed form by the deadline for the change to take effect either by scan or fax.
   a. Scan and email from your @mywvm.edu email address to: ASKMC@MissionCollege.edu
   b. Fax to: (408) 980-8980

Contact askcounselor@MissionCollege.edu for help with submitting the form.

Admissions & Records Use Only: Year/Term _______________________
Date Received: ______________ Date Entered: ______________ By: _____________________