



Texas A&M University-Corpus Christi
Office of the University Registrar
Pass/No Pass Declaration Form
 For Undergraduate students only

Pass/No Pass Policy

Each upper-division student may take up to two academic courses (eight semester hours maximum) graded on a pass/no pass basis during a particular degree program. These courses (if passed) will count as part of the total needed to graduate, but will not enter into calculation of Grade Point Average. Designated general education requirements and specific courses required by the major/minor, including required foundation courses outside the discipline of the student's major, as approved by the college of the student's major, cannot be taken pass/no pass, unless so stated in the catalog. A course that has been recorded as P cannot be used as a component of general education requirements or of the major/minor field of study. Students will indicate to the University Registrar their intention to take a course on a pass/no pass basis before the 12th class day (census date) of a fall or spring semester or the 3rd class day (census date) of a summer session or term, as shown in the class schedule. Once such a declaration is made, it cannot be changed on any account including a change of major or degree designation. The faculty member will not be informed that a student is taking the course on a pass/no pass basis. Pass/no pass grades are not used in graduate courses.

COURSE INFORMATION

I hereby request that the following course be entered as a Pass/No Pass option to my academic record.

Course title: _____

Course number: _____ **Course section:** _____

Semester (check one): Spring Summer I Summer II Fall **Year:** _____

CERTIFICATION

I certify that I have read the *Pass/No Pass Policy* as stated above and in the University catalog and understand the application of this option to my academic record.

Student's name: _____

Student's signature: _____

Student ID: _____ **Date:** _____

Name of college official responsible for your degree plan: _____

College official's signature: _____

Date: _____

Upon completion, please return this form to the Registrar's Office.