

Request for Pass/Fail Status
Undergraduate Evening Studies
Furman University

Last name *First name* *Soc. Sec. #*

If I make a grade below _____ on _____,
course number and name

I wish to take it on a Pass/Fail basis. I understand the following conditions:

- (1) This course is not offered by my major department.
- (2) This course will not meet any General Education Requirement.
- (3) This card must be completed and on file in the Continuing Education Office by the end of the first week of classes.

Student signature

Date

Director of Continuing Education

Date