

Email: Registrar@njcu.edu
Website: www.njcu.edu/registrar
Phone: (201) 200-3334 Fax: (201) 200-2062

Use Adobe Acrobat Reader DC to complete this form. If needed, this can be <u>downloaded from Adobe.com</u> for Free.

1. All fields with a red box are required.

2. Once form is completed, click on the SUBMIT button and the request will be emailed to registrar@njcu.edu. If errors are encountered, save the PDF form and either email registrar@njcu.edu or fax: 201-200-2062.

## **REQUEST FOR PASS – FAIL GRADE**

(PRINT) LAST NAME	FIRST NAME		STUDENT ID NUMBER
NOTE TO STUDENT: Pass/Fail Options: Students have the optic general studies course (but NOT in an AC NINE semester hours within the student's	CR course), or in an academic minor p	rogram course. The Pa	ass/Fail option is limited to a total of
During the regular semesters, this application by During summer session, the deadline for dates.			
STUDENT COMPLETES THIS	SECTION:		
	REGI	STRAR'S OFFICE USE ONLY	:
Current Semester and Year	Donie	trar's Staff Initials	Date
Class#	Regis	Tai S Stail linuais	Date
Course Title	Stude	ent Email (Required)	
Instructor's Name		ent Signature e your name as your si	Date ignature on the line above.)
	PRINT		SUBMIT