## **Pass/Not Pass Request**

Email: Registrar@MissouriState.edu
Phone (417) 836-5520, Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897



Form revised 8/3/2021

Student	Name:			Bea	arPass #: M	
Last		First		MI		
Semester/year: Fall		Spring _	S	ummer		
	Year		Year	Year		
	udents may submit fic deadline dates.	this form any time p	orior to the drop dea	dline for the course	e. Refer to the <u>Academic Calendar</u>	
CRN	Course Subject	Course Number	Section Number	Course Title		
<ul> <li>Th</li> <li>Property</li> <li>Coopered</li> <li>Ho</li> <li>Gr</li> <li>Coopered</li> <li>Under the coopered</li> <li>If a the coopered</li> </ul>	e decision to take a erequisite requirem ofessional education unted towards the quired for completionors courses cannot aduate-level course ourses which are grant the Pass/Not Pass a student does not a e Office of the Regis	a course on a Pass/Neents of other course the Pass/Not Pass of other course on, or specific degree 120 minimum credit on of a baccalaureate the taken on a Passes (numbered 600 or aded Pass/Not Passer regulations.  attend class regularly strar to drop the students.	ption cannot be used requirements. Could hours and 40 hours te degree unless other s/Not Pass basis. It above) cannot be topoly are exempt from the class.	be reversed.  with a course complet to satisfy general erses taken under the of upper-division control erwise restricted.  aken on a Pass/Not in the limitations of agreed-upon expect	eted on a Pass/Not Pass basis. education, major, minor, e Pass/Not Pass option can be credit hours (as applicable)  Pass basis. herwise imposed upon students tations, the instructor may direct	
describe	-	• .		•	of the Pass/Not Pass option as nat the above listed course(s) be	
Student Signature:				Date:	_ Date:	
Office us	, <del></del>	ed by				