

**Office of the Registrar**

Ochre Court, Room 203
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943
sruregistrar@salve.edu

OFFICE USE ONLY

Date Recorded: _____

Recorder Initials: _____

Undergraduate Pass/D/Fail Grade Request

Undergraduate students can elect the Pass/D/Fail grading option for one course per semester beginning freshman year, to a maximum of 12 credits. There is no minimum GPA requirement to elect the Pass/D/Fail grading option.

- Courses that are requirements of a major(s), minor(s) or concentration(s) do not qualify for the Pass/D/Fail grading option.
- General electives (electives outside of a major, minor and/or concentration) and courses taken to fulfill core curriculum requirements are eligible for the Pass/D/Fail grading option, except for WRT-102, WRT-103, WRT-105, PHL-105, PHL-225, RTS-105, RTS-225 and the first course in a student's modern language sequence.
- Requirements of the Pell Honors program are excluded from the Pass/D/Fail grading option.
- A student should not elect the Pass/D/Fail grading option for courses that are pre-requisites for admission to graduate and/or professional programs.
- **A grade of C- or better will merit a Pass (P), while a grade of D will be recorded as a D, and a grade below a D will merit an F.**
- A passing grade will not be included in the cumulative grade point average, but a D or failing grade will factor into the calculation.
- Pass/D/Fail grades are final and cannot be reverted to a letter grade at a later date.
- Students must make their request for the Pass/D/Fail grading option to the Office of the Registrar no later than the withdrawal deadline for that semester.
- You will be notified only if there is a reason you cannot take this course as pass/fail.

Student Name: _____**Student ID:** _____ **Academic Year:** _____**Semester:** ☐ Fall Semester (15 wk) ☐ Spring Semester (15 wk)
☐ Summer Semester (15 wk) ☐ Summer Session I (7 wk) ☐ Summer Session II (7 wk)**E-mail:** _____

COURSE INFORMATION

Course Code: _____ **Section:** _____ **Title:** _____

ACKNOWLEDGEMENT

By my signature below, I accept responsibility for the accuracy of all information on this form. I understand the possible negative effects of taking a Pass/D/Fail grade in a course. Please submit this form via email to: sruregistrar@salve.edu using your Salve email address.

Student Signature: _____ **Date:** _____