

CRETIN-DERHAM HALL

PASS/FAIL PROGRAM OF STUDY FOR JUNIORS AND SENIORS

NAME: _____

GRADE: 11 or 12
Circle One

SUBJECT: _____

DATE: _____

TEACHER NAME: _____

TRIMESTER: _____

JUNIORS AND SENIORS

who choose to take **more than six courses** may take a **seventh elective** course on a pass/fail basis.

(Required courses **may not** be designated pass/fail.)

*The student's Pass/Fail option must be declared officially by the **tenth** day of trimester classes and the option may not be changed after this deadline.*

My reason for requesting Pass/Fail status for this course is:

Student agrees to:

- Complete all assignments required of students in this course.
- Participate meaningfully in class discussions.
- Perform on tests so as to demonstrate educational growth and development.

Student understands that:

- The overall quality and quantity of his/her work should be the equivalent of at least a D- grade.
- An "F" for a Pass/Fail course does affect the student's G.P.A, while a grade of "Pass does not.
- A "pass" grade on his/her transcript cannot at anytime be translated back into a letter grade.

Do you have a Study Hall? (circle one) **YES** **NO**

I accept the above stated guidelines as the Basic requirements of a Pass/Fail program.

STUDENT

I give my consent.

PARENT

I acknowledge the Pass/Fail status of this course.

TEACHER

I approve the Pass/Fail status of this course.

MS. PASSMAN
Principal

PLEASE RETURN THIS COMPLETED FORM TO MS. CARROLL IN THE REGISTRAR'S OFFICE