

# 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:**

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**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.

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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. QUITTER IN THE REGISTRAR'S OFFICE**