CABARRUS COLLEGE of HEALTH SCIENCES

PASS/FAIL CREDIT AUTHORIZATION

STUDENT INFORMATION:

_____
Student's Name (Please Print)

_____
Address

_____
SS#

THIS IS TO CERTIFY THAT

_____

HAS PERMISSION TO ENROLL IN

_____
(Course Name and Number)

ON A PASS/FAIL CREDIT BASIS.

The student understands that the decision for Pass/Fail is binding and that Pass/Fail is not used in the calculation of GPA, but credit hours are given for the course.

SIGNATURES AND DATES:

_____   _____
Course Coordinator   Date:

_____   _____
Registrar   Date:

_____   _____
Student   Date: