

**SOUTHERN CONNECTICUT STATE UNIVERSITY**  
**GRADUATE PASS/FAIL OPTION CONTRACT**

\_\_\_\_\_ Semester \_\_\_\_\_

Matriculated                       Program Pending                       Non-Matriculated

Name \_\_\_\_\_ Student I.D.: \_\_\_\_\_

\_\_\_\_\_ Department    \_\_\_\_\_ Number    \_\_\_\_\_ Section                      \_\_\_\_\_ Title

**GENERAL REGULATIONS AND INFORMATION CONCERNING THE PASS/FAIL OPTION**

1. This is a blind Pass Fail. The instructor will not know who has chosen this option prior to the submission of final grades.
2. The final grade will be reported as “S” if the final earned grade is “C” or higher. A grade of “S” does not affect the quality point average of a student.
3. If the final earned grade is a “C-“ or below, the final grade will be reported as “F”. A grade of “F” will lower the quality point average of a student.
4. Required courses may not be taken under the Pass/Fail Option and no more than one elective course on any planned program may be taken under the Pass/Fail Option.
5. An elective course may be taken as part of the planned program only if written approval is placed in the student’s permanent record by the student’s graduate advisor.
6. Undergraduate courses listed on the planned program that students are required to take to strengthen their academic backgrounds may not be taken under the Pass/Fail Option.
7. There is no limit on the number of courses, which are not part of the planned program that may be taken under the Pass/Fail Option.
8. A course completed on a Pass/Fail basis while a student is not yet in a planned program may not be applied to a planned program at a later date.

**AGREEMENT**

I wish to take the course listed above under the Pass/Fail Option. I have read and understand the general regulations and information pertaining to the Pass/Fail Option and accept responsibility for the consequences of this election.

I further recognize that this contract must be accepted by the Registrar prior to the beginning of the fourth week of the semester and cannot be altered under any condition after the beginning of the fourth week of the semester.

**APPROVAL**

_____	_____	_____
Student’s Signature	Date	Department Chairperson
SEMESTER: _____ FALL _____ SPRING _____ SUMMER _____ OTHER _____		
_____	_____	
Registrar’s Acceptance	Date	