

UNIVERSITY OF CINCINNATI

EFFECTIVE _____
YEAR TERM

Proforma Innovative Solutions Group (859) 441-2530 John Black

NAME _____ UCID NUMBER _____
PRINT LAST FIRST MIDDLE

COLLEGE _____ MAJOR _____ ADVISOR'S NAME _____ CLASS _____

I wish to elect the Pass-Fail basis of registration for the following course:

COURSE NUMBER				
COLL # \ AREA	COURSE #	SECTION #		
-	-			

TITLE _____

To be eligible for the Pass-Fail registration, the student must fulfill the requirements established by the faculty of his college. It is recommended that students review their college rules before completing this form. This election is not revocable.

STUDENT SIGNATURE _____ DATE _____

REGISTRAR COPY