

MU.A01  
Date Issued: 8/89  
Revised: 08/17

**MANSFIELD UNIVERSITY of the PA. S.S.H.E.**

**PASS - FAIL OPTION SELECTION**

(LIMITED TO 1 PER SEMESTER)

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LAST NAME FIRST M STUDENT ID

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PREFIX COURSE # COURSE TITLE INSTRUCTOR

**INSTRUCTIONS:** Please review the catalog for guidelines regarding the selection of PASS-FAIL option. Students may not repeat a course using the pass-fail option. Courses required by your MAJOR must have Department Chair's signature.

I understand that I cannot change this selection in any manner after the Pass-Fail Option time period has elapsed.

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DEPARTMENT CHAIRPERSON SIGNATURE

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STUDENT SIGNATURE

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ACADEMIC ADVISOR

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DATE REC'D BY Registrar's Office

*Return to: REGISTRAR'S OFFICE: 224 South Hall*