

SAMUEL MERRITT COLLEGE

Office of the Registrar
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PASS/FAIL PETITION

Student Name (Last name, First name) Student ID #

Term (Fall, Jan, Spring, Summer) Today's Date

DEPT	COURSE #	SEC #	SYNONYM #	UNITS	COURSE TITLE	DAY	TIME

Instructor's signature (**REQUIRED**) Date

Pass/Fail grading is not offered in those courses required by the Board of Registered Nursing, the nursing major, state licensure, national registration, or national certification.