

**SAMUEL MERRITT UNIVERSITY**  
**Office of the Registrar**

\_\_\_\_\_  
Student Name (last name, first name)

\_\_\_\_\_  
Student ID #

**PASS/FAIL PETITION**

Return this form to the Registrar's Office

\_\_\_\_\_  
Term

\_\_\_\_\_  
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.

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