

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.

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.