



**University of Detroit Mercy**  
**Permission to take course Pass/Fail**  
 Undergraduate Courses Only

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: T0 \_\_\_\_\_  Fall (10)  Winter (20)  Summer (30) 20\_\_\_\_\_

Name:

\_\_\_\_\_

Last First Middle

College/School:

- Architecture                       Engineering & Science                       University College  
 Business Administration                       Health Professions/Nursing                       Liberal Arts & Education  
 Dental Hygiene

Major: \_\_\_\_\_

Current GPA: \_\_\_\_\_

I request to take the following course(s) as Pass/Fail. I understand that the grade will appear as the grade of P or F on my permanent record and does not count in term or cumulative GPA.

CRN	Subject	Course Number	Section	Credit Hours	Instructor Signature(s)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deans Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
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