Pass/Fail or Audit Application for Graduate Students

Purpose: This application is intended only for graduate College of Health and Science students. Please read and understand the University’s policies on taking courses on a pass/fail or audit basis.

DePaul ID number: ________________________________

Name: ____________________________________________

E-mail address: ____________________________________

Graduate Program: ________________________________

Please initial next to each condition:

_____ My home college is the College of Science and Health.

_____ Pass/fail class cannot be taken to meet any degree requirements.

_____ Only one course per quarter may be taken on a pass/fail basis.

Please select one of the following grading statuses:

_____ Pass/Fail (A student may not change from the status of regular grading to that of pass/fail or vice versa after the second week of classes – for a 10 week quarter)

_____ Audit (NO credit hours or GPA quality points earned. A student may not change from the status of regular grading to that of audit or vice versa after the third week of classes – for a 10 week quarter)

Course information: Department and Number _________________ Class number ____________

(e.g. BIO 499) (e.g. 31774)

I understand I am financially responsible for either the Pass/Fail or Audit course in question.

My signature acknowledges that I have read and I understand the University’s pass-fail and audit policy. I also understand that this application, once approved, is irrevocable.

Student Signature: _________________________________ Date: _________________

Program Director Signature: __________________________ Date: _________________

**Return completed form to CSHAdvising@depaul.edu**

(FOR OFFICE USE ONLY)

Approved _____ Denied _____ Initials _______ Date _______