

## 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](mailto:CSHAdvising@depaul.edu)\*\***

**(FOR OFFICE USE ONLY)**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_