

## Undergraduate Pass/Fail or Audit Application

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

Please initial each criterion of the policy: <http://sr.depaul.edu/CourseCatalog/index.asp>

- My home college is the College of Science and Health.
- Only Open Electives may be taken pass/fail.
- Courses taken to meet Liberal Studies Program (including Learning Domains) requirements may not be taken on a pass/fail basis.
- Courses taken to meet the requirements of a student's major, minor or concentration may not be taken on a pass/fail basis.
- You may not take the following courses on pass/fail basis: ALL WRC courses and WRD 101, 102, 103, & 104
- You must be a student with at least 44 quarter hours earned and have a GPA of 2.0 or above.
- Only one course per quarter may be taken on a pass/fail basis, and a maximum of 20 hours (five courses) may taken pass/fail during a student's career.
- No more than one course in any given department may be taken pass/fail.

**Return completed form and a copy of your unofficial transcript to:**

- Health Sciences majors: Health Sciences Advising: McGowan South, Suite 407
- Biology majors: Biology Advising: McGowan North, Room 125
- Psychology majors: Psychology Advising: Byrne Hall 410
- All other CSH majors: Office of Advising and Student Services: McGowan South, Suite 400

**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 \_\_\_\_\_ Five-digit class number \_\_\_\_\_  
 (e.g. ANT 102) (e.g. 31774)

**To the best of my knowledge, this Pass/Fail course will fulfill an Open Elective requirement for me. I understand I am financially responsible for either the Pass/Fail or Audit course in question.**

Name: \_\_\_\_\_ DePaul ID number (7-digit): \_\_\_\_\_

E-mail address \_\_\_\_\_ Primary telephone number \_\_\_\_\_

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

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>(FOR OFFICE USE ONLY)</b>			
Hours _____	GPA _____	Approved? Yes _____ No _____	
Initials _____	Date _____		10/2013