

## Undergraduate Pass/Fail or Audit Application

**Purpose:** This application is intended only for undergraduate 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: \_\_\_\_\_

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

**Please initial next to each condition:**

- My home college is the College of Science and Health.
- Only Open Electives may be taken pass/fail. Cannot be taken to meet Liberal Studies Program (including Learning Domains), major, minor or concentration requirements.
- You may not take the following courses on pass/fail basis: MAT 94, MAT 95 and WRD 102, WRD 108 and WRD 200
- 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 be taken pass/fail during a student's career.
- No more than one course in any given department may be taken pass/fail.

**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. ART 105) (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.**

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:** \_\_\_\_\_

**\*\*Return completed form to [CSHRegistration@depaul.edu](mailto:CSHRegistration@depaul.edu)\*\***

**(FOR OFFICE USE ONLY)**

Hours \_\_\_\_\_ GPA \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_