



REVOKE PASS/FAIL REQUEST

Date: _____

Student Name	Student ID Number	Class	Semester Involved
Department / Number	Descriptive Title		Credits
	Lecture Class Number	Section Number	

Please be advised that revoking a pass/fail request may change your GPA and academic status. Once the pass/fail request has been revoked, your grade cannot be changed back to pass/fail.

WHITE COPY - REGISTRAR
YELLOW COPY - STUDENT

Student Signature

rev 8/00