

Late Pass/Fail Course Petition

**only for students whose primary major is in SPHHS **

Please complete this petition if you are requesting to elect a class pass/fail after the mid-semester date due to extenuating circumstances. For more details about elective pass/fail, please refer to the [Academic Regulations](#).

Instructions

- Complete the petition and include relevant supporting documentation.
- Email or bring the petition and supporting documentation to a SPHHS Student Success Advisor:
 - Tracy Eason: taeason@umass.edu, 114 Arnold House
 - Public Health and Nutrition majors
 - SPHHS Exploratory Track (for students with last name starting with A-K)
 - Torin Moore: tymoore@umass.edu, 111 Arnold House
 - Kinesiology and Communication Disorders majors
 - SPHHS Exploratory Track (for students with last name starting with L-Z)

I. Student Information

Name: _____ Email: _____@umass.edu Date: _____

SPIRE ID: _____ Primary Major: _____ Phone #: _____

II. Course Information- If your request is for more than one course, please attach an additional page with course details.

Semester & Year (e.g. Fall 2018) _____ Course Dept. & Number (e.g. KIN 100) _____

Course Title _____

Instructor's Name _____

Five Digit Class Number _____ Section _____

Five Digit Lab/Discussion Number _____ Section _____

III. Reason For Request- The following does not constitute grounds for a late elective pass/fail: poor academic performance, trying to boost your GPA, realizing that the course does not fulfil a requirement, or change of major. The following may be an acceptable reason for a late course pass/fail petition. Supporting documentation is required*. If you are unable to provide supporting documentation, please explain why. Check all that apply.

- Personal or family illness
- Personal and/or family difficulties
- Rejection of attempt to make course pass/fail by SPIRE due to presence of mandatory P/F course on student schedule (verifiable by Academic Dean through student enrollment history)
- Other (be specific)

**Examples of appropriate documentation include proof of hospital stay, copy of obituary, or letters from a physician, mental health professional, or counselor*

IV. Explanation- Briefly explain your request. Describe how the extenuating circumstance affected your academic work in the specified course.

V. Resources- If applicable, indicate which people or resources on or off campus will provide you with support moving forward.

VI. Additional Information- Is there any other information you would like to provide to support your request?

VII. Signature- I understand that this appeal will be reviewed by the SPHHS Center for Student Success Committee and Academic Dean. A decision may take up to three weeks. I understand that I am responsible for attending and completing course work until a final decision is reached. I will be notified through my UMass email whether the petition was approved. I understand that I need to provide supporting documentation.

Student Signature

Date

Academic Dean's Office & Center for Student Success Use Only

Type of Documentation Submitted _____

Decision (Associate Dean or Director of CSS initials): Approved _____ Denied _____ Date _____

Date student was emailed of decision: _____ Initial: _____

Date for documenting decision in advising notes: _____

Comments: