



**PASS/FAIL REQUEST**

**Registration & Records**

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UTEP ID only

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Last Name

First Name

Middle Name / Initial

CRN	DEPT.	COURSE NO.	SEMESTER/YEAR
			/

I request PASS/FAIL grading for the above course.

I have read and understand the University policy as described in the University Catalog on PASS/FAIL enrollment as well as the applicability of this course and the grade of "S" or "U" to my degree and program.

I must obtain approval and the signature from the academic Dean of my college.

If I am a graduate or doctoral student, I must also obtain the approval and signature from the Dean of the Graduate School.

I understand that this action is irrevocable.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_

Graduate Dean's Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_

**Graduate School Dean's signature required on all pass/fail requests for graduate and doctoral students.**

**Collection of Personal Information Notice (House Bill 1922)**

With few exceptions, you are entitled on request to be informed about the information The University of Texas at El Paso collects about you. Under § 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under § 559.004 of the Texas Government Code, you are entitled to have The University of Texas at El Paso correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Policy 139 (UTS139). The information that The University of Texas at El Paso collects will be retained and maintained as required by Texas records retention laws (§ 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

R&R (REV. 6/12) UTEPSoC (all)	Date In:	Date Processed:	Processed by:
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