

Cancellation of Pass/Fail Marking

(Return to the Registrar's Office at your current campus)

Student Name _____

Student ID: and/or NetID:

Subject area: _____ Catalog No.: _____ Section: _____ Class No.

Year: Fall Winter Spring Summer

I authorize the cancellation of the pass/fail course indicated above and request to return the course to a graded basis.

Student Signature: _____ Date: _____

If a student, having placed a course on Pass/Fail, decides to remove it from Pass/Fail, the student must do so by the ninth week of the semester. See the current Academic Calendar at registrar.uconn.edu for an exact cutoff date. Consult the Registrar's Office at your current campus for summer session deadlines since they vary with the length of the session.