JOHN CARROLL UNIVERSITY Student Academic Petition for Pass/Fail Option

Name:	Email:	
Phone:	Banner #:	
Advisor:	Minor(s):	
Major(s):		
College of Arts and Sciences	Boler School of Business	
Freshman Sophomore	Junior	Senior
Request for Pass/Fail option:		
I choose the pass/fail option for		_ (course) taken during the
(semester) term.		
I understand that I may not register for more the pass/fail option for any course counted toward optional minor, or concentration. Business maj courses. The course that I selected for pass/fail understand all the conditions that apply to the	the university core requiren ors may not use the pass/fai will be applied only toward	nents or in a major sequence, I option for any Business core general electives. I have read and
Reason (optional):		
Student's Signature:		Date:
Assistant Dean's Action: () Approved Comments:	() Not Approved	
Assistant Dean's Signature:		Date:

Copy: Student, Advisor, Assistant Dean's Office and Rodman 205/206