

# PASS / FAIL REQUEST FORM

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_\_

I am electing to take the following course or courses on a Pass / Fail basis. I understand that this request must be turned in to the ROHS Counseling Office by the end of the first six weeks of each semester, and I also understand that Pass / Fail courses cannot be used to fulfill the requirements for the Texas State Graduation Plan.

Course Name: \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_

Course Name: \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p>Please note this change will not show on your report card until the <b>2<sup>nd</sup> Six weeks of the 1<sup>st</sup> semester</b> and the <b>5<sup>th</sup> Six Weeks of the 2<sup>nd</sup> Semester.</b></p>
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For Office Use Only

<p>Date Received in office: _____ Received by: _____</p>
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<p>Date Completed: _____ Completed by: _____</p>
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