



INDICATE THE TERM AND YEAR:	
___ Fall	___ Year
___ Winter	___ Year
___ Spring	___ Year
___ Summer	___ Year
Rev 06/07	

PASS/FAIL FORM

Any course that is required by the Seminary, one of the departments (i.e. – an exegesis elective or a required theology department elective), or a denomination (i.e. – a language course or a denominationally-required course) **MUST** be taken for a letter grade. Only a truly free elective may be taken as pass/fail, and only at the discretion of the professor. A pass, or “P,” is not computed in determining the grade-point ratio.

Please PRINT legal name in full _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (_____) _____

Please list the course for which you are requesting to take as pass/fail.

<u>Course Code & Number</u>	<u>Type</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Professor</u>	<u>Location</u>

Type Key: Audit (senior citizens only) = AU, Continuing Education = CEU, Cross-Registration = X-REG, Directed Study = DS, EDEN = Z, Independent Study = IS, Lecture = LEC, Modular = Mod

Location Key: Augusta, Charleston, Columbia, Due West, Fort Jackson, Greenville

Basis for Request: _____

Student’s Signature _____ Date _____

Approving Professor’s Signature _____ Date _____

Please return the original *Pass/Fail Form* to the Office of the Registrar while retaining a copy for your records.

Registrar’s Signature of Receipt _____ Date _____

**Office of the Registrar • Erskine Theological Seminary • P.O. Box 668 Due West, SC 29639
864.379.8779 • Toll Free 877.811.8117 • Fax 864.379.3171 • registrar@erskine.edu**