Northwest TECHNICAL COLLEGE

Pass / No-Pass Request

I request to take the course(s) listed below on a pass/no-pass (P/NP) basis. I understand the following: that I have the first six (6) days of the semester to change to grade basis, that credits recorded as P/NP are not calculated as part of my grade point average, that I am obligated to complete all course requirements and to take all exams and that a limited number of pass credits count toward graduation. *Please read the restrictions for P/NP credits in the learner handbook.*

_____ _____

TECH ID#*:   **Date**

_____ _____ _____

Last Name: **First Name:**   **Middle Initial:**

Course# (ex: ACCT 1001):	Course Title:		
Course ID#:	Credits:	Class days:	Year and Term:

Course# (ex: ACCT 1001):	Course Title:		
Course ID#:	Credits:	Class days:	Year and Term:

_____ _____

Learner Signature   **Date**

_____ _____

Instructor Signature   **Date**

_____ _____

Advisor Signature   **Date**