Jefferson Community College Pass/Fail Option Registration Form Spring 2020

This form must be emailed to <u>tfinch@sunyjefferson.edu</u> and copied to <u>ademiceli@sunyjefferson.edu</u> by April 21, 2020.

No more than two (2) courses may be designated pass/fail in the Spring 2020 semester.

| Student J Nun | nber: | | |
|-------------------|----------|---------------------|---------------------------|
| Student Name | <u></u> | | |
| Address: | | | |
| | | | · |
| | | | |
| Course: | | Course: | |
| CRN: | | CRN: | |
| Instructor: | | Instructor: | |
| | | | |
| I,on a pass/fai | l basis. | , certify that I an | n taking the above course |
| Student Signature | | | |
| Advisor Signature | | | Date |

Office use only

Date Entered: cc: Instructor isw:03/2020