

Carson-Newman University

Pass/No Pass Authorization

I give approval for :

Student Name _____ **ID #** _____

to enroll in the course listed below on a **Pass/No Pass** Basis.

Course Department, # and Section _____ **Credit Hours** _____

Instructor Name _____

Signature _____ **Date** _____

I understand the catalog provisions for pass/no pass credit :

- *can not be taken for general education requirements or for courses required for the major,*
- *grading for Pass/No pass cannot be changed to regular grading after the deadline for adding courses.*

Student Signature _____ **Date** _____

Please return completed form to The Registrar's Office, top floor Fite Building or to C-N Box # 71985.