



## Request to take Course on Pass - No Credit Option

\_\_\_\_\_  
NAME Last First Middle Social Security Number

\_\_\_\_\_  
Major Department(s) Minor Department Teaching Field

\_\_\_\_\_  
Dept. Course No. Section Course Title Instructor

1. Is this course taught in a department or division in which you are taking a major, minor, or teaching field? Yes \_\_\_ No \_\_\_
2. Is this course to satisfy a general education requirement? Yes \_\_\_ No \_\_\_
3. Does this course satisfy a requirement of your curriculum other than or in addition to question number two (2) above? Yes \_\_\_ No \_\_\_