

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar  
Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

Prior to submitting this petition, the student should carefully review "Pass/Fail System" in the "Academic Policies and Procedures" section of the latest Undergraduate Catalog. The catalog is available online at [www.neu.edu/registrar/catsugd.html](http://www.neu.edu/registrar/catsugd.html).

**Part 1—Student Information**

Name \_\_\_\_\_ NUID \_\_\_\_\_ - \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Graduation Year \_\_\_\_\_ Pattern of Attendance \_\_\_\_\_ Program \_\_\_\_\_

**Part 2—Course Information**

Semester:     Fall     Spring     Summer 1     Summer 2     Full Summer    Year \_\_\_\_\_

CRN	Course #	Course Title	Instructor	Credit

Please provide a brief (one-paragraph) rationale for requesting to take this course pass/fail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part 3—Signatures**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Accepted     Denied    By \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_