University of Maine at Machias
Declaration of Grade Option
in a
Course with Student Pass/Fail Option

Date ___________________________ Semester ___________________________

First Name _____________________ Last Name ___________________________
Date of Birth _____________________

Course Code ______________________ Course Title ______________________

I wish to take the above-named course /_/ Pass/Fail /_/ for a Letter Grade (A-F)

I understand that this decision cannot be changed after the first two weeks of the semester. I also understand that in order to be eligible for the Dean’s List, a student must earn a semester GPA of 3.25 on 12 letter-graded credits and that the choice to take this class Pass/Fail may make me ineligible for the Dean’s List.

Student Signature ___________________ Date ___________________________

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