

Office of the Registrar
Wille Administration Building Room 102
160 Convent Avenue
New York, New York 10031
Tel: (212)-650-7850
Registrar@ccny.cuny.edu

Pass/NC Form UNDERGRADUATE STUDENTS ONLY

Name: Last		First			Middle		
Last			riist		Middle		
Student ID:		Ma	ajor:				
Phone:	Email:					@citymail.cuny.edu	
Semester:	Fall Winter		Spring Summ		er Year: 20		
Course(s) Selecte	d for Pas	ss/NC					
Registration Code Ex, 12345	Department Ex, PSY		Course N Ex, 202		Section Ex, 2MM	Credits Ex, 3	
3. Required cours4. Students must calendar. Students5. Make sure that	take a maxing rses graded ast have consider for your return this dents are not you are offed be aware to	mum of 2 courses only Pass/NC). npleted at least 28 major, minor, and s form to the Off ot permitted to cicially registered that courses taken	a semester; but credits. I Pathways Englice of the Regis change to Pass/I for the course(s) on a Pass/No C	ish Composition trar by the desertion NC after the desertion before submit redit basis may	on I and II may neadline listed in leadline. ting the form.	not be taken Pass/N the academic	
Advisor's Signature: _				Date:			
I wish to elect the abov on to a letter grade.	e course(s)	to be graded on P	ass/NC basis an	d understand tl	nat I <u>cannot cha</u>	nge this selection	
Student's Signature:				Date:			
Office Use Only							
Processed by:			Date:				
						Revised 11/	