



STUDENT REQUEST FOR PASS/NO PASS

Return form to the Admissions & Records Office by emailing: registration@avc.edu
Incomplete or illegible forms will not be processed

This request must be submitted to the Admissions & Records Office at registration@avc.edu from the student's AVC email account. All requests will be reviewed for approval.

Name _____ Semester _____ Year _____
Last First MI

Email _____@avc.edu AVC Student ID #900 _____

Address _____ Phone (____) _____

City State Zip

COURSE(S) FOR WHICH I ELECT THE PASS/NO PASS OPTION			
CRN <small>(i.e., 30398)</small>	Course Number & Title <small>(i.e., BIOL 201, Anatomy)</small>	Days <small>(i.e., T & TH)</small>	Units

Student Electronic Signature Date

*******ADMISSIONS & RECORDS OFFICE USE ONLY*******

DATE PROCESSED: _____ INITIALS: _____