



### Pass/Fail Request

Office of the Registrar, NYU Shanghai, 1555 Century Avenue, 10th Floor, Suite 1049, Pudong, Shanghai, China 200122

email: shanghai.registrar@nyu.edu

Students are responsible for reviewing and understanding the pass/fail policy in the Undergraduate Bulletin.

Name: \_\_\_\_\_ Net ID \_\_\_\_\_ N number: N \_\_\_\_\_

Address: \_\_\_\_\_  
(number and street) (apt) (city)

Phone Numbers: \_\_\_\_\_  
(cell) (permanent)

Email Address: \_\_\_\_\_  
(NYU email) (other email)

**Student Signature:** By signing below, I certify that the information contained on this form is true and accurate. I understand misrepresentations of fact are a violation of the Community Commitment to Integrity.

**Semester:**  Fall  Winter (J-Term)  Spring  Summer **Academic Year:** \_\_\_\_\_

I request permission to take the following course as pass/fail:

Course Number	Course Section	Credits
_____	_____	_____

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Associate or Assistant Dean for Academic Affairs Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

REGISTRAR USE ONLY  
 APPROVED  DENIED  POSTPONED DATE: \_\_\_\_\_