

# Graduate Student Pass/Fail Approval Form

BOSTON COLLEGE  
Office of Student Services

**Instructions:** Use this form ONLY after the pass/fail deadline has passed.

Date: \_\_\_\_\_

Academic Year: \_\_\_\_\_ to \_\_\_\_\_

Eagle ID Number: 

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Semester:

- First
- Second
- Summer

Name: \_\_\_\_\_  
Last First

Requires Permission of Associate Dean:  
(see below)

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 Course # 

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- GA&S (02) Candace Hetzner
- LAW (04) Elizabeth Rosselot
- GSSW (06) Teresa Schirmer
- LSOE, Graduate Programs (10) Elizabeth Sparks
- CSOM, Graduate Programs (11) Jeffrey Ringuest
- CSON, Graduate Programs (14) M. Katherine Hutchinson
- STM (18) Jennifer Bader

Instructor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Dean's Office Approval: \_\_\_\_\_

Date: \_\_\_\_\_