

PASS / FAIL REQUEST FORM

Student Name: _____ ID # _____ Grade _____

I am electing to take the following course or courses on a Pass / Fail basis. I understand that this request must be turned in to the ROHS Counseling Office by the end of the first six weeks of each semester, and I also understand that Pass / Fail courses cannot be used to fulfill the requirements for the Texas State Graduation Plan.

Course Name: _____ 1st Semester _____ 2nd Semester _____

Course Name: _____ 1st Semester _____ 2nd Semester _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

Please note this change will not show on your report card until the
2nd Six weeks of the 1st semester and the **5th Six Weeks of the 2nd Semester.**

For Office Use Only

Date Received in office: _____ Received by: _____

Date Completed: _____ Completed by: _____