

VILLANOVA UNIVERSITY
OFFICE OF REGISTRAR

**PASS/FAIL OR AUDIT
REQUEST FORM**

**INSTRUCTIONS FOR
COMPLETING THIS FORM:**

- 1) PLEASE PRINT CLEARLY
- 2) PLEASE RETURN
COMPLETED FORM TO
REGISTRAR'S OFFICE

This form does not constitute an original registration for a course, and should be completed only for a course for which you are already officially registered. Make sure that you are aware of your college's regulations for Pass/Fail and Audit options.

****** Pass/Fail and Audit options are available only through the official drop/add period. ******

Name: _____

Student ID: _____

Signature: _____

Term: _____

Course CRN (5 digits): _____

Subject: _____

Course Number: _____ Section: _____

Pass/Fail

Audit