



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

**REQUEST TO TAKE A COURSE PASS/NO CREDIT**

**Florham/Madison Campus**  
285 Madison Avenue, M-MS0-04  
Madison, NJ 07940  
Phone: (973) 443-8600  
Fax: (973) 443-8616

**Metropolitan Campus**  
1000 River Road, T-KB1-05  
Teaneck, NJ 07666  
Phone: (201) 692-2472  
Fax: (201) 692-2209

Name: \_\_\_\_\_ ID # \_\_\_\_\_

I am requesting to take the following course under the PASS/NO CREDIT option:

Course Code & Section Number	Course Title	Credits

**Eligibility Check:**

\_\_\_\_\_ Credits completed at FDU (minimum = 64)

\_\_\_\_\_ Overall GPA (minimum = 2.00)

\_\_\_\_\_ Academic Program

	____/____/____
Student's Signature	Date

*Catalog deadlines are posted in the course catalog. It will be the last day of the 3<sup>rd</sup> week of class for the semester and the last day of the 1<sup>st</sup> week of class for inter and summer sessions.*

*Late forms will not be accepted and the student will have to take the course for a letter grade.*

---

**APPROVALS:**

	____/____/____
Office of Enrollment Services, Records	Date

	____/____/____
Course Instructor	Date

	____/____/____
Chairman/Director of the student's Academic Program	Date

---

*Please return this request to the Office of Enrollment Services, Records department with all of the required signatures by the catalog deadline. It is the student's responsibility to return this form.*