

“Pass” Option Request

Student Name _____ Date _____

Class Name _____ Period _____

Teacher _____

Final Grade _____

Submit this form only if all of the following conditions are satisfied.

1. The course is not necessary to meet State or WCHS Graduation requirements for Christian Studies, Language Arts, Mathematics, Science or Social Studies.
2. The final course grade is at least a C-.
3. The student has not presented a behavior issue in the class, as reflected by discipline referrals.
4. The student has not designated another course as “Pass” this academic year. (Only one course may be designated per year. Two-semester courses are considered “one course”).
5. This request for the “Pass” designation will be filed with the Registrar no later than 3:00 pm, one week after the final course grades are published.
6. The student and his/her parents understand that if granted, the change to “Pass” is irrevocable, and a “P” will be entered on the student’s transcript. The course will count for a credit, but not be considered a “credit attempted” for the purposes of GPA calculation.

Signature of Student _____

Signature of Parent _____

For registrar’s use only:

Date received _____

Received by _____

Upon inspection of this form, and upon verification of the satisfaction of all conditions:

- () The request for “Pass” designation is granted.
- () The request for “Pass” is denied for the following reasons.