

Graduate Student Pass/Fail Approval Form

BOSTON COLLEGE

Office of Student Services

Instructions: *ONLY* *fill in* *the* *appropriate* *boxes*

Department: _____

Electronic ID Number:

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Name: _____
Last First

Library #

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Circulation #

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Library Approval: _____ Department: _____

Approval Date: _____ Department: _____

Approval: _____

Signature:

- Faculty
- Student
- Staff

Reason for Pass/Fail Approval:
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- GA&S (02) C. H.
- LA (04) E R
- GSS (06) S
- LSOE, G P (10) E S
- CSOM, G P (11) J R
- CSON, G P (14) M. K H
- S M (18) J B