

**PHYSICAL EDUCATION GRADE OPTION DECLARATION**

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

I hereby elect to receive a **Pass/Fail** grade for the 1-credit, composite grade given after I complete my four physical education skills courses. This declaration has been made prior to midterm of my first term on campus; I understand that **this decision is binding and no subsequent change is permitted.**

A pass/fail designation will have no effect on my grade-point averages.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the University Registrar's Office prior to the midterm date.