LL.M./M.J. Pass/Fail Grading Option Request

MSU College of Law • Office of the Registrar • 648 N. Shaw Lane, Rm. 309, East Lansing, MI 48824
Phone Number: 517-432-6820 • Fax Number: 517-432-6821 • Email: regist@law.msu.edu

Print First & Last Name (Surname): ___________________________________________ PID: ______________________

MSU Email Address: _________________________@msu.edu Phone Number: _______________________________

Semester:   Fall 20_____        Spring 20_____        Summer 20_____

Guidelines for Pass/Fail Grading Option:

1. LL.M./M.J. students may elect to register for no more than three (3) courses or a maximum of ten (10) credits as Pass/Fail. Students who sign up for more than the maximum credits available under the Pass/Fail option will have the course that exceeds the maximum credits graded.

2. You must receive a grade of “D” or better in order to receive the grade of “P” (Pass). If you earn a grade of “F” you will receive a grade of “F” (Fail) for the course.

3. Only courses that count toward the 24 credits needed to satisfy graduation requirements will be included in the 10 credit hours that are permitted to be taken “pass/fail”.

4. LLM students may elect a grade of pass/fail within 5 business days after all grades are released to students.

I hereby **ELECT** the following course(s) as Pass/Fail:

<table>
<thead>
<tr>
<th>Course #: ______</th>
<th>Section: ______</th>
<th>Course Name: ____________________________________</th>
<th>Credit(s): ____</th>
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I hereby **CANCEL** the following course(s) as Pass/Fail:

<table>
<thead>
<tr>
<th>Course #: ______</th>
<th>Section: ______</th>
<th>Course Name: ____________________________________</th>
<th>Credit(s): ____</th>
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This form may be submitted via mail, fax, email, and in person to the address listed at the top of this form. I understand that the Registrar’s Office requires at least 24-48 hours to process all requests.

Student Signature: ___________________________________________ Date: ______________________

Office of Student Engagement Advisor Signature: ___________________________________________ Date: ______________________

OFFICE USE ONLY:   SIS Entry Staff Initials: ______          Date: ______          Updated 4/26/18