

# Graduate Student Pass/Fail Approval Form

BOSTON COLLEGE  
Office of Student Services

Instructions: *ONLY* *graduate students*

Department: \_\_\_\_\_

Electronic ID Number: 

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Name: \_\_\_\_\_  
L F

Initial # 

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      Group # 

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Initial Approval Date: \_\_\_\_\_ Department: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Department: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- Faculty
- Student
- Staff

Reason for Pass/Fail Approval:  
( )

- 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