



SOUTHERN UNIVERSITY AT NEW ORLEANS
PETITION TO RECEIVE A PASS/FAIL GRADE

Name: _____

Student ID No. _____

Semester: _____

Program: _____

Course No: _____

Special circumstances that support this petition are as follows:
Per COVID-19 Academic Guideline

Student's Signature: _____ Date: _____

It is understood that should this request be granted, it is the student's responsibility to satisfy all requirements for receiving a PASS/FAIL Grade as enumerated in COVID-19 Academic Guideline.

Approved: Conditions to be met for "Pass/Fail" Grade: _____

Denied Reason(s): _____

Instructor/Professor

Advisor

Department Chair/Director

Dean

Vice Chancellor for Academic Affairs

Approved/Denied