

Saint Louis University – Madrid Campus
Petition for Pass/No Pass
Grading Scale

Form
#10

Section 1
Student

_____ **Student Name**

_____ **Student ID**

_____ **Student Email**

_____ **Primary Program/Major**

_____ **Total Earned Hours**

_____ **Student Phone #**

Section 2
Course

Semester (fall/spring/summer and year)

Course (subject, number and section)

Section 3
Student Justification

State in clear and concise sentences why a Petition for Pass/No Pass Grading Scale is being requested. (1500 characters)

Section 4
Instructor Conditions

Blank writing area with a horizontal line near the bottom.

Section 6

_____	_____	_____
_____	_____	_____

Blank writing area.