COURSE CONDITION FORM
(PASS/FAIL, AUDIT, REPEAT, AND PASS/FAIL REVERSAL)

INSTRUCTIONS: Complete this form once for each registered course that requires documentation of a special condition. Be sure to read the regulations regarding course conditions. Return the completed form to Registration & Scheduling Services.

SECTION I - GENERAL INFORMATION
Condition Elected: (Check one)

☐ PASS/FAIL  ☐ AUDIT  ☐ REPEAT  ☐ PASS/FAIL REVERSAL

Student Name: ____________________________________________
Last  First  M  Date

MaineStreet ID #  School/College/Program  Major/Plan  Academic Year
(7 digits)

Semester (Check one)  ☐ FALL  ☐ SPRING  ☐ SUMMER

SECTION II - COURSE AND SECTION INFORMATION

CRN  Course Number  Title  Instructor

SECTION III - COMPLETE ONLY FOR REPEAT COURSES

Previous Grade of course to be Repeated ____________________________________________

Semester and Year in which the Grade was received: __________________

Original Course Number and Title (if different from above): __________________

Dean’s Signature: ____________________________________________
(If course is repeated more than once)