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

Semester (Check one)  ☐ FALL   ☐ SPRING    ☐ SUMMER

SECTION II - COURSE AND SECTION INFORMATION

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Number</th>
<th>Title</th>
<th>Instructor</th>
</tr>
</thead>
</table>

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)