

**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)