

**UNIVERSITY OF SOUTHERN MAINE
OFFICE OF THE REGISTRAR
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 the Registrar's Office on either campus.

SECTION I - GENERAL INFORMATION

Condition Elected: (Check one)

PASS/FAIL AUDIT REPEAT PASS/FAIL REVERSAL

Student Name (Last, First, Middle Initial)

Date

/ / - / / . / / / / /

Student ID Number

/ / / / /

School/College

/ / / / /

Major

Academic Year

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)