

# Graduate Student Pass/Fail Approval Form

BOSTON COLLEGE  
Office of Student Services

Instructions: Use this form ONLY after the pass/fail deadline has passed.

Date: \_\_\_\_\_

Academic Year: \_\_\_\_\_ to \_\_\_\_\_

Eagle ID Number: 

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Semester:

- First
- Second
- Summer

Name: \_\_\_\_\_  
                        Last  First

Requires Permission of Associate  
Dean: (see below)

Index #                      Course #  

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- GSMCAS (02) Candace Hetzner
- LAW (04) Daniel Lyons
- BCSSW (06) Teresa Schirmer
- Lynch, Graduate Programs (10) Steven Viveiros
- CSOM, Graduate Programs (11) Marilyn Eckelman
- CSON, Graduate Programs (14) Susan Kelly-Weeder
- STM (18) Jennifer Bader

Instructor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Dean's Office Approval: \_\_\_\_\_

Date: \_\_\_\_\_