SOUTHERN UNIVERSITY AT NEW ORLEANS
PETITION TO RECEIVE A PASS/FAIL GRADE

Name: ___________________________       Student ID No. ____________

Semester: ___________________________       Program: ___________________________

Course No: ___________________________

Special circumstances that support this petition are as follows:

Per COVID-19 Academic Guideline

Student’s Signature: ___________________________       Date: _____

It is understood that should this request be granted, it is the student’s responsibility to satisfy
all requirements for receiving a PASS/FAIL Grade as enumerated in COVID-19 Academic
Guideline.

Approved: Conditions to be met for “Pass/Fail” Grade: ___________________________

____________________________________________

Denied Reason(s): ___________________________

____________________________________________

____________________________________________

Instructor/Professor       Advisor

____________________________       _________________________

Department Chair/Director      Dean

____________________________       _________________________

Vice Chancellor for Academic Affairs

Approved/Denied

COVID-19 Flexibility 4/2020
Spring 2021 Adaptation