

STUDENT NAME	Last:	First:	M <input type="checkbox"/>	F <input type="checkbox"/>
STUDENT PID	C00	STUDENT UNI	DATE OF BIRTH (MM/DD/YYYY)	
<input type="checkbox"/> M.A.	<input type="checkbox"/> M.A./M.Phil./Ph.D.	DEPARTMENT OR PROGRAM NAME		

With the signatures below, this document confirms that the above-named student has agreed with the course instructor to take the course listed below for "R" credit.

SEMESTER AND YEAR OF COURSE	NAME OF INSTRUCTOR	
COURSE PREFIX (e.g. PHIL)	COURSE NUMBER (e.g. G4440)	COURSE TITLE

STUDENT SIGNATURE _____ DATE _____

INSTRUCTOR SIGNATURE _____ DATE _____

Please note: GSAS recommends that both the student and the instructor retain a written document confirming specifics on the basis of which the "R" grade will be awarded, such as attendance, participation, readings, papers, and/or exams.

Submit this completed form to the GSAS Office of Student Affairs in 107 Low Memorial Library by the Pass/Fail deadline posted at <http://registrar.columbia.edu/academic-calendar>.

DATE RECEIVED BY OFFICE OF STUDENT AFFAIRS _____