ONE-TIME LAST DAY OF CLASSES CREDIT/NO-CREDIT POLICY

Term: ☐ Fall ☐ Spring ☐ Maymester  Year:_________

Student Name: ___________________________________________ Rollins I.D. Number: ______________________

I request that the course listed below be taken on a credit / no-credit basis.

<table>
<thead>
<tr>
<th>CRN No.</th>
<th>Course No.</th>
<th>Sect. No.</th>
<th>Course Title</th>
<th>Instructor’s Name</th>
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By signing this form I attest to understanding the following statements.

☐ This is an option for one course, and for one time only, during my career as a student at Rollins.

☐ If I complete the course with a C- or higher, I will earn credit and a recorded grade of CR. If I abandon, withdraw after the withdrawal deadline, or earn a grade of D+ or lower, I will earn no credit and a recorded grade of NC. In either case, the grade point average is not affected. I understand that other colleges viewing my transcript may equate an NC grade as a failing grade.

☐ I have consulted with my faculty advisor and understand the implications it may have on my academic standing and progress toward degree completion/graduation.

☐ I have consulted with the Financial Aid Office about the impact this may have on my current and future aid and scholarship, if applicable.

☐ I may not use a grade of CR to satisfy major, minor, concentration, or general education requirements per College policy.

☐ I may repeat this course; however, any credits earned will count only once towards graduation.

☐ To use this course to fulfill requirements in a major, minor, concentration, or general education, I must repeat and complete the course with a passing, letter grade.

☐ I understand the deadline to submit this completed form is **5:00 p.m. on the last day of regular classes** for the current term in which I am enrolled in the course. Please note that the last day of classes is before the start of the final exam period. I also understand that I may not retract the request after this deadline.

A student accused of an honor code violation may not withdraw or exercise the one-time last day of class credit/no credit option from the applicable course once the referral has been made.

Student signature: ___________________________________________ Date: ______________

Adviser signature: ___________________________________________ Date: ______________

(If advisor is instructor, please see the Dean of the Faculty.)