



1000 Holt Avenue – Box 2713
 Winter Park, FL 32789
 Phone: 407-646-2144 Fax: 407-646-1576

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.

CRN No.	Course No.	Sect. No.	Course Title	Instructor's Name

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: _____

Advisor signature: _____ Date: _____

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