

VIGO COUNTY SCHOOL CORPORATION
TERRE HAUTE, INDIANA

File: **IKA**

PASS-FAIL OPTION (HIGH SCHOOLS)

Students enrolled in the Vigo County School Corporation's high schools may, after September 1986, take one elective course each semester, not to exceed a total of nine (9) courses, on a pass-fail basis rather than for a grade. The student will receive the regular credit for the course and the credit will count toward graduation, but the course credit will be recorded as pass or fail on the student's cumulative record.

For administrative reasons, all work-study courses (such as co-op programs) and two-hour vocational courses are excluded. All courses required for graduation are also excluded.

Students, parents, and counselors should be aware of the fact that many colleges and universities are no longer accepting pass-fail credits in areas of a student's majors, such as mathematics, science, and foreign languages. Students should also be aware that some colleges interpret a Pass (P) as being equal to a letter grade of D.

After careful consideration and before the end of the fifth week of the semester, students must sign waivers of grade forms with their counselors. Parents will be notified of the student's decision before the end of the sixth week. Once the fifth week is passed, the decision either to take the course pass-fail or for a grade cannot be reversed. A pass-fail cannot be converted to a grade, nor a grade to a pass-fail. To choose to take a course on a pass-fail basis is voluntary.

The waiver is effective for only the one subject selected and for only one semester.

Adoption Date: February 10, 1986; Revised: August 26, 1993; February 8, 1999

Legal Ref:

Cross Ref:

VIGO COUNTY SCHOOL CORPORATION

REQUEST FOR WAIVER OF GRADE

In accordance with Policy IKA (see reverse of this form), the following student elects to complete the course indicated under the pass-fail option. This form must be completed and turned in to the Guidance Office by the end of the fifth week of the semester.

Student's Name _____

School _____

Grade _____ Date of Request _____

A waiver of grade for the following class is requested:

It is understood that after the fifth week of the semester, the decision to take the above class on a pass/fail basis cannot be reversed.

(Signature of Student)

(Date)

(Signature of School Counselor)

(Date)