

ROWAN UNIVERSITY

OFFICE OF THE REGISTRAR

Authorization to take class Pass/No Credit

THIS FORM IS ONLY VALID PRIOR TO THE END OF DROP/ADD.

Last Name

First Name

Rowan ID Number

CRN #

Course Number

Course Title

Professor's signature/approval below indicates knowledge of and is within the guidelines of the university approved P/NC classes for departments and majors.

Term: Fall Spring Summer Academic Year: 20_____

_____ *Professor's Signature*