

Appeal for Pass/Fail Course Selection

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Recipient Name]
[Recipient Position]
[Department Name]
[University Name]
[University Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally appeal the decision regarding my request to take the [Course Name] on a pass/fail basis for the [Semester/Year]. After careful consideration, I believe that this option would be beneficial for my academic progress.

Throughout my studies, I have encountered [briefly explain challenges, e.g., personal, health-related, etc.], which have impacted my ability to perform at my best in traditional grading systems. I am confident that the pass/fail option would alleviate some of this pressure and allow me to focus on truly understanding the material.

I have reviewed the criteria for pass/fail eligibility and believe I meet the necessary requirements. I am committed to maintaining my academic integrity and ensure that I fulfill all course obligations.

I kindly ask you to reconsider my request for pass/fail status for this course. Thank you for your time and understanding. I look forward to your positive response.

Sincerely,

[Your Name]
[Your Student ID]