

Request for Pass/Fail Option

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Department/University Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the option to take my [Course Name or Course Code] this semester on a pass/fail basis due to [brief reason such as personal circumstances, health issues, etc.].

Given the unforeseen circumstances and the impact they have had on my academic performance, I believe that this option will allow me to maintain my overall GPA while ensuring my understanding of the material. I am committed to continuing to engage with the course content to the best of my ability.

I would greatly appreciate your consideration of my request and would be happy to provide any additional information if required. Thank you for your time and understanding.

Sincerely,

[Your Name]