APPLICATION FOR CREDIT BY EXAMINATION

Please Print

_____________ wishes to earn credit for ________________

(Name) (Course name and number)

by examination. The student has never been nor is currently registered in this course for either credit or audit. The student is not entitled to formal instruction in the subject matter of this course and has familiarized himself/herself with the Credit by Examination Program as stated in the current Catalog.

Nature and date of examination: ______________________________________________________________________

Specify other types of evidence student must submit: ______________________________________________________________________

Name of Student’s Advisor (signature not required): ______________________________________________________________________

Name of Faculty Member administering the examination (signature not required):

___________________________________________________________________________

N.B. If a day student is registered for five or more courses, an examination fee is to accompany this application. Please see the Catalog for the current fee.

Please check one of the following: Letter grade _______ Pass/Fail option _______

__________________________________________________________________________

Student Signature and Date ____________________________ Student ID Number ____________________________

___________________________________________________________________________

(Department Chair or Division Head Signature and Date)

Please return the completed form to the Registrar’s Office.

c: Student, Faculty Member administering examination, Registrar, Business Office, Student’s Advisor

For Use of Registrar’s Office only

Fee ____________________________ Grade Accepted ____________________________

Grade Received ____________________________ Grade Refused ____________________________

Academic Affairs Office
 Revised 7/10