



CREDIT BY EXAMINATION

Received by: _____ on _____

INSTRUCTIONS

1. Complete all requested information with the help of an advisor or counselor.
2. Present CREDIT BY EXAMINATION FORM to appropriate Department Chairperson for recommendation.
3. Present CREDIT BY EXAMINATION FORM to appropriate Dean for recommendation.
4. Present CREDIT BY EXAMINATION FORM to the Registrar for recommendation.
5. If the request is approved by the Registrar make full payment at the Business Office.
6. Present the form (if request is approved by the Registrar) to the instructor or Department Chairperson for arrangement to take the examination

LEGAL NAME: _____
LAST FIRST MI

STUDENT ID NUMBER: _____

DOB: _____ GENDER: []MALE []FEMALE CONTACT NUMBERS: _____
HOME WORK

MAILING ADDRESS: _____
P.O. BOX OR HOME MAILING ADDRESS VILLAGE/CITY TERRITORY/STATE ZIP CODE

PROGRAM OF STUDY: _____
_____ Associate of Arts
_____ Associate of Science
_____ Certificate

CATALOG YEAR BEING FOLLOWED (i.e.: 2003-2004): _____

I hereby request permission to attempt to secure credit by examination for the following course:

Semester/Year: _____ STUDENT'S SIGNATURE: _____ DATE: _____

RECOMMENDATIONS:

ADVISOR/ COUNSELOR	[] APPROVE [] DISAPPROVE	_____	_____
		ADVISOR'S/COUNSELOR'S SIGNATURE	DATE
DEPARTMENT CHAIRPERSON	[] APPROVE [] DISAPPROVE	_____	_____
		DEPARTMENT CHAIRPERSON'S SIGNATURE	DATE
DEAN, TPS, and/or TSS	[] APPROVE [] DISAPPROVE	_____	_____
		DEAN'S SIGNATURE	DATE
ACTION TAKEN:			
REGISTRAR:	[] APPROVE [] DISAPPROVE	_____	_____
		REGISTRAR'S SIGNATURE	DATE

Disapproved: _____

REPORT OF RESULTS OF CREDIT BY EXAMINATION ATTEMPT

GRADE _____ COMPLETED ON _____
CR/NC ONLY MM/DD/YY

This examination was administered by and was monitored by:

SIGNATURE: _____ DATE: _____
Faculty/Department Head

BUSINESS OFFICE USE ONLY

TUITION: _____

FEE: _____

TOTAL PAID: _____