



Petition for Credit by Examination

Last Name _____ **First Name** _____
Student ID _____ **DOB** _____
Email _____ **Phone** _____

I am enrolled in the following program:

Associates of Arts Associate of Science Certificate

Major: _____ Catalog Year Following: _____

I request to attempt Credit by Exam for the following, I have reviewed my program requirements and this course is listed as either a Technical Requirement or Related General Education or Technical Requirement:

Course Number	Course Title	Credits

Student Signature: _____ Date: _____

Approvals

Request Approved Request Denied

Dept. Chair's Signature: _____ Date: _____

Comments: _____

Request Approved Request Denied

Dean's Signature: _____ Date: _____

Comments: _____

Request Approved Request Denied

Registrar's Signature: _____ Date: _____

Comments: _____

Business Office Use Only		
Application Fee: _____	Challenge Exam Fee: _____	
Total Paid: _____	Receipt Number: _____	Date: _____

Credit By Examination Results

Grade: _____ Completed On: _____
CR/NC Only