

APPLICATION FOR CREDIT BY SPECIAL EXAM

NAME: _____ STUDENT ID#: _____

I desire to obtain credit according to the special examination policy, and hereby apply to take such an examination for _____, _____, _____.
(course number) (course title) (# credits)

SIGNATURE OF STUDENT: _____ DATE: _____

Student Address _____ Phone: _____

As Chair of the Department of _____, I hereby approve this application. I therefore, appoint _____ to administer the examination.

Signature of Department Chair _____ Date: _____

Approved by School Dean _____ Date: _____

The above-named student has paid the special exam fee of \$12.00 per semester credit hour.

Cashier: _____ Date: _____

I, _____, the appointed faculty member, administered the special examination to

_____ on _____. I certify that this student
(print name of student) (date)

passed _____ or failed _____ the examination.

Signature of Examiner: _____ Date: _____

Student: After appropriate signatures have been obtained, take this request to the Registrar's Office. The Registrar's Office will finish the processing of this request.

Assistant Registrar: _____ Approved _____ Disapproved _____

Process Date: _____