



# Fort Lewis College Testing Center

## APPLICATION FOR CREDIT BY SPECIAL EXAM

**Student:** This form must be completed as follows and submitted to the examiner before you take the exam.

Please follow these steps:

- Complete the top portion of the form;
- Pay the \$12 fee and staple the receipt to the form;
- Obtain the signature of the Dean.

---

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: \_\_\_\_\_

---

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

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

---

As Dean of \_\_\_\_\_, I hereby approve this application.

I, \_\_\_\_\_, appoint \_\_\_\_\_ to administer the examination.

Signature of Dean \_\_\_\_\_ Date: \_\_\_\_\_

---

I, \_\_\_\_\_, the appointed faculty member, administered the special examination to \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_. I certify that this student passed \_\_\_\_\_ or failed \_\_\_\_\_ the examination.

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

---

Assistant Registrar: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Process Date: \_\_\_\_\_