Credit by Examination

This form is for a student requesting to be awarded credit for a prior learning experience. THIS DOCUMENT DOES NOT GUARANTEE THAT YOU HAVE MET ALL GRADUATION REQUIREMENTS! PLEASE CHECK WITH YOUR STUDENT SUCCESS NAVIGATOR.

Name ___________________________ Student ID Number ___________________________

Address ___________________________ Degree/Cert ___________________________

City __________ State ________ Zip ___________ Catalog of Entry ___________________________

Phone ___________________________ ☐ Cell ☐ Home

Initiated By _________________________ Ext. ___________ Date ___________

Listed below are the Course credits requested to be awarded via the Credit by Examination process. ALL DEFICIENCIES MUST BE ADDRESSED!

Requested courses to be credited:

Course Prefix and Number: ________ Course Name: ________________ Credits Earned: ___________

Date of Examination: ___________ Grade of Examination: __________

I have reviewed the above request for the course listed for the degree/certificate, and agree/disagree.

☐ Agree ☐ Disagree ☐ Agree ☐ Disagree

Reason: ______________________________________ Reason: ______________________________________

_______________________________________________

Department Chair of Program ______________________ Date ______________________

I agree/disagree with the above decision.

☐ Agree ☐ Disagree ☐ Agree ☐ Disagree

Reason: ______________________________________

_______________________________________________

Department Chair of Course ______________________ Date ______________________

_______________________________________________

Academic Dean ______________________ Date ______________________

_______________________________________________

Registrar ______________________ Date ______________________