

# JACKSON COLLEGE

## 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 _____ <input type="checkbox"/> Cell <input type="checkbox"/> 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  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair of Program \_\_\_\_\_ Date \_\_\_\_\_

Agree  Disagree  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Agree  Disagree  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair of Course \_\_\_\_\_ Date \_\_\_\_\_

Agree  Disagree  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrar \_\_\_\_\_ Date \_\_\_\_\_