

CREDIT BY EXAM FORM

Registrar's Office

Student Name		Student ID #		
	(Please Print)			
Guidelines for Cı	edit by Exams:			
examinations. Studen curriculum for the cert the Registrar's Office.	ts must be able to provid tification. The student mu If curriculum and certific	le the original certific ist verify the certifica ation cannot be verif	ional licenses or certificates gained through attion document and examples of the tion through his/her Department Faculty and fied, the student may be able to show lenge Policy for more information.	
			ugh CLEP/AP/CBE. The total credits awarded required for his/her degree.	
			partment Faculty in order to receive credit. All cense must be attached to form.	
Course student is	requesting credit:			
Course Prefix:	Course	Number:	Credits:	
Course Title:			· · · · · · · · · · · · · · · · · · ·	
Description of train	ing received:			
Student Signature: By signing my name above, I confirm I am the individual.			Date:	
Γhe following mu	st be completed by	the Department	t Faculty:	
Title of certification/li	icense approved for co	ourse:		
Agency approved fo	r certification/license: _			
Department Faculty Signature:			Date:	
	ı	For Office Use Only	1	
Approved:	Date Processed:	Denied:	Email Sent:	