



REQUEST FOR CREDIT BY EXAM

STUDENT NAME		Student ID#:	
---------------------	--	---------------------	--

I request that the Department of _____ examine me in the following course:
 (course #) _____ (Course title)._____

I understand that I may not receive credit by examination for a course in which I have been enrolled or which I have attended. If I pass the examination, I will receive the allotted number of credits with a grade of CR, which will not affect my quality point standing. If I fail the examination, I will receive a grade of Inc. which will become F unless I attend and pass the course, or pass another equivalent examination, by the end of the next semester.

Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Department Chair	_____
----------	--	------------------	-------

Exam Reader:	_____		
--------------	-------	--	--

Date Given:	_____	Grade (CR/CI): _____
-------------	-------	----------------------

STUDENT SIGNATURE: _____

DEPARTMENT CHAIR SIGNATURE: _____

**RETURN COMPLETED FORM AND RECEIPT TO THE OFFICE OF THE REGISTRAR
LEE HALL ROOM 206.**