

Credit by Examination Contract

Student Name: _____ Date: _____

Address: _____

Local Phone #: _____ S.S. #: _____

Semester/Year to which course will be applied: _____

I hereby apply for Credit by Examination in the following course:

Course #, Title, Credit Hours: _____

***Fees: Exam fee - \$125 per credit hour whether or not it is passed.
\$50 recording fee to student's permanent record.***

I hereby certify that the above named student has passed a comprehensive examination in the above named course and is eligible to receive the appropriate number of credit hours.

I hereby certify that the above named student did not pass the examination for the above named class.

Faculty member's signature and date: _____

Note: Please return this completed form to the Provost.

Provost Signature and date: _____

***The following signatures must be secured before approval for the Credit by Exam is granted.
A comprehensive exam and other pertinent components must be attached.***

Student: _____

Instructor: _____

School Chair: _____

Dean: _____

Provost: _____

Copy received in Registrar's Office: _____

Business Office:

_____ Exam Fee charged
_____ Recording Fee charged

Registrar's Office:

_____ Credit Posted

Copies To:

Student
Academic Advisor
Business Office
Registrar's Office