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 - $100 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 V.P. for Academic Affairs.

VPAA 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: _________________________________________________________________

Vice President for Academic Affairs: _____________________________________________

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