

Date: _____

Student ID # _____ Term _____ Year _____

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Student Email _____ Student Phone: _____

Course Name _____ Course Prefix and Number _____ Program Name and Code _____

Rationale for Request _____

Registration Required? _____ Yes _____ No If Yes – Registration Confirmed? _____

Test Fee \$ _____ NOTE: Fees for Credit by Examination are NON-REFUNDABLE.

Program Chair _____ Print Name _____ Signature _____ Date _____

Associate Dean _____ Print Name _____ Signature _____ Date _____

GL Account # _____

TEST FEE PAYMENT INFORMATION

This section to be completed by the Cashier's Office and returned to the Student

Check #	Amount \$	Card Type	Visa		Confirmation #		\$
			MC		Am Exp.		
Processed by _____							Date _____

This section is to be completed by the Course Instructor and forwarded to Student Records

Test Date _____	Location _____		
Calculator permitted? _____ Yes _____ No	Time In _____	Time Out _____	
Test Score/Grade _____	Pass _____	Fail _____	Credits Earned _____
Test Administrator _____	Print Name _____	Signature _____	Date _____
Program Chair _____	Print Name _____	Signature _____	Date _____
Associate Dean _____	Print Name _____	Signature _____	Date _____

This section is to be completed and kept on file by Student Records – ORIGINAL COPY ONLY

Processed by _____	Date _____
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