

## Central Piedmont Credit by Examination (CBE) Course Request Form

Date:											
Student ID #			Term					Year			
First Name			МІ _			Last N	lame				
Address			Cit	у			;	State		ZIP	
Student Email							\$	Studer	nt Phone:		
Course Name			Course Prefix and Number					Prog	ram Name and Code		
Rationale for Request											
Registration Required?		Yes	No	If Yes	s – Regist	tration C	Confirm	ned?			
Test Fee \$		NO	ΓE: Fees 1	or Cre	dit by Exa	aminatio	on are	NON-F	REFUNDABLE	i.	
Program Chair	Print	Name					Signa	ature		Date	
Associate Dean	Print	Name					Signa	ature		Date	
GL Account #		TEST EE	DAVME	NIT INIE	ODMAT	ION			_		
	TEST FEE PAYMENT INFORMATION  This section to be completed by the Cashier's Office and returned to the Student  Confirmation										
Check #	Amo	ınt \$		Card Type	Visa MC		Am Exp.		#	\$	
Processed by									Date		
	This section is to be co	mpleted by t	he Course	Instru	ctor and t	forward	ed to S	Studer	nt Records		
Test Date						Loca	ation				
Calculator permitted?	Yes No	Tim	e In _				Time	e Out	Credi		
Test Score/Grade			Pass			Fai	I		Earne		
Test Administrator	Prin	Name		_			Sign	ature		Date	
Program Chair	Prin	Name		_			Sian	ature		Date	:
Associate Dean				_						Date	)
	Prin	Name					Sign	ature			
1	This section is to be co	npleted and I	cept on file	by Stu	udent Red	cords –	ORIGI	NAL C	OPY ONLY		
Processed by									Date		

CBE Test-Out Form Updated: 02-2023