Credit by Departmental Examination

Course: _____ Credit hours: _____

Student ID Number: _____

Student First Name: _____

Student Last Name: _____

Check One: _____ Traditional Program Student (50% of fee due before exam)
_____ Advantage Program Student (100% of fee due before exam)

I understand that I will be billed for taking the examination regardless of the resulting grade on the examination. Contact the Business Office for the current rate for credit by examination.

_____ _____
Student Signature Date

Check One: _____ Letter grade requested
_____ Credit/No credit grade requested

_____ _____
Advisor Signature Date

_____ _____
School/College Dean Signature Date

FOR BUSINESS OFFICE USE ONLY

CBDE fee paid. Amount: $_____ Balance Due (if applicable): $_____

Signature: _____ Date: _____

FOR INSTRUCTOR USE ONLY

Examination Date and Time: _____

Location of Examination: _____

_____ _____ _____ _____
Date of Exam Grade Credit Hours Earned Instructor Signature

REGISTRATION AND STUDENT RECORDS OFFICE ONLY

If credit granted:
Course, Credit Hours and Grade Entered
$_____ Balance Due (if appropriate) entered into Student Account

If credit granted or not granted:
Notification Copies sent to the student, RSRO file, advisor, Dean and Business Office.

Completed by _____ on _____. 3/06 RSRO
Initials date