Application and Certification for Credit by Examination



Application

(Please type or print legibly in ink)

Please allow			
(ID #)	((First, Middle, Last Name)	
to take the challenge examina	ation in course number		
	in order to earn	semester hours of credit.	
Credit earned will be posted a	as CR credit and will not count in GF	² 4.	
(Student signature)		(Date)	
(Dept. Head signature)		(Date)	
	FEE CHARGE		
The above student has paid	d \$20 per-credit-hour fee and \$3.50	service charge to take this examination	
	Proof of payment received and on f	(Date)	
	CERTIFICATION		
Applicant took examination	n for :		
Course number	Course Title		
Date	Passed exam	Semester hours awarded	
	Did NOT pass exam		
	Certified by:		
		(Instructor)	
	(Depa	artment) (Date)	
For Registra	r's Office use only: Date posted o	n Banner	