

# Request For Credit By Examination

**Examination Fee: \$150.00**

The fee must be paid to the Business Office **before** the examination is taken.

Student Name	Social Security Number	Today's Date
\$	Business Office Signature/Stamp	

Upon completion of the examination with a satisfactory score, student will receive credit and a grade of "S" unless the department has decided that a regular letter grade should be awarded.

CRN	Course #	Sec. #	Course Title

Exam to be administered by:

Instructor	Date
------------	------

Department Chair	Date
------------------	------

- Examination completed with satisfactory score of S.
- Examination completed with unsatisfactory score of R.
- Grade \_\_\_\_\_

Instructor's Signature	Date
------------------------	------

**Return completed form to the Registrar's Office, Mail #AQU 106**