



**Policy No. IS100.9
CREDIT BY EXAMINATION**

Name: _____

Student I. D. # _____

Campus: _____

Program Major: _____

I wish to challenge the following:

Course Title/Name _____

Course No. and Prefix _____ Credit Hours: _____

Student Signature: _____ Date: ____/____/____

Instructor/Department Head: _____ Date: ____/____/____

For Official Use Only

ADMINISTRATIVE FEE PAYMENT \$ _____ Amount

Paid: ___ Cash ___ Check ___ M.O. ___ Credit Card _____

Staff I.D. _____ Date: ____/____/____

APPROVAL OF GRADE Exam Score _____ Grade _____

Instructor: _____ Date: ____/____/____

PROCESSING AUTHORITY

Received by: _____ Date: ____/____/____

Records Office