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### Credit by Examination

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Original Adoption: June 1, 2007  
Effective Date: June 1, 2007  
Last Revision: August 28, 2014

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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: _____	_____ / _____ / _____
Records Office	Date

*Policy Reference:* LTC Policy IS1930.126 Credit by Examination  
LTC Policy IS1930.152 Grade Symbols and Designations

Approved:



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Dianne Clark  
Interim Director