



Credit by Examination

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

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:



Dianne Clark
Interim Director