

CREDIT BY EXAMINATION APPROVAL FORM

Fee: \$30.00 per credit hour

Receipt# _____

NAME _____
Last First MI

--	--	--	--	--	--	--	--	--	--	--

Student ID Number

School _____

Date _____
Month Day Year

Major _____

--	--	--	--	--	--	--	--	--	--	--

Subject Course Section

Title

--	--	--	--

Credits

Student address (please print clearly)

 Name

 Street

 City State Zip

Student's signature

Date

Adviser's signature

Date

Chairman's signature, examining department

Date

