



RECOMMENDATION FOR CREDIT-BY-EXAMINATION

Student Name _____ DSC ID # _____

Address _____
Street City State Zip

From: (Instructor) _____

To: (Dean or Department Chair) _____

Date: _____

Course: _____ Credit Hours: _____

Date Paid: _____	Receipt #: _____	Initials: _____
------------------	------------------	-----------------

Date Examination Administrated: _____

Score(s) or other evidence of proficiency: _____

**ALL WORK EVALUATED FOR CREDIT-BY-EXAMINATION
MUST BE RETAINED BY THE DEPARTMENT AND/OR SCHOOL**

Recommended by (Dean/Chair, printed name) _____

Dean/Chair Signature _____ Date _____

AFTER DEAN/CHAIR SIGNATURE, FORM MAY GO DIRECTLY TO REGISTRARS OFFICE

Approved by (Registrar, printed name) _____

Registrar Signature _____ Date _____