

APPROVAL FORM FOR CREDIT BY EXAMINATION

Date _____

Student's Full Name _____
Last First Middle

Banner ID _____ Student Email _____@email.appstate.edu

Major _____ Student's Cell Phone _____

Anyone seeking to pursue credit by examination must be a candidate for a degree at Appalachian or must be working for credit for the renewal of a teaching certificate. The above student has discussed taking the course(s) listed below according to the policies regulating the earning of credit by examination.

| Dept | Course # | Course Title | Credit Hours |
|------|----------|--------------|--------------|
| | | | |
| | | | |
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ITEM BELOW TO BE FILLED OUT BY CHAIRPERSON

Approval is hereby granted for the above student to take the indicated course(s) according to the credit by examination plan. A cashier's receipt of \$50 (for each course) has been presented to me for verification and is attached to this form.

I have inspected and approved the written examination, and I have assigned the following instructor as exam administrator:

The written examination, when completed, will be kept on file in my office.

 Signature of Department Chairperson Date

ITEM BELOW TO BE FILLED OUT BY TEST ADMINISTRATOR

The student has been examined in the above course(s). The test results indicate the following:

_____ Student has sufficient knowledge to receive credit for all course(s) listed above.

_____ Student has sufficient knowledge to receive credit for only the following course(s) listed below:

| Dept | Course # | Course Title | Credit Hours |
|------|----------|--------------|--------------|
| | | | |
| | | | |
| | | | |

_____ Student does not have sufficient knowledge to receive credit for any course(s) listed above.

 Name of Test Administrator (PRINT to ensure proper payment) Date: _____
 Signature of Test Administrator

STUDENTS MAY NOT HANDLE COMPLETED FORM. PLEASE SEND TO DEAN'S OFFICE VIA CAMPUS MAIL

Following approval, the Dean's Office will distribute copies of this form as follows: ___ Registrar ___ Chairperson ___ Student ___ Payroll (student's original receipt must accompany this copy)

 Signature of Dean