Course Credit or Waiver

NOTE: If you are receiving financial aid, check with the Financial Aid Office before accepting credit by exam. Financial aid does not pay for a class that you do not attend.

Student Name (Please print) Student Signature (if requested by student)			ID Number	
			Date	
Stud	ent'	's program of study:		
Cour	rse 1	number(s) for which credit or waiver is requested:		
		INFORMATION TO BE COMPLETED BY Choose one of		
		Credit by exam – Student must take appropriate exam. If for the course for which an S grade will be noted on the tra	successful, the student will enroll in and pay full tuition and fees anscript at the end of the semester.	
			rse but will, take the exam and, if successful, have the course en for the course so the student may need to take another course to ee/certificate.	
		Evaluation method (attach copy of test or description of m	nethod)	
		Minimum Required Test Score:	Student's Test Score:	
			n of an industry-approved credential. The credential is subject to udent will enroll in and pay full tuition and fees for the course(es). at the end of the semester. (Attach copy of credential	
		if successful, have the course waived from the specified pr	e course but will pay \$5.00 per credit exam fee, take the exam and rogram. No credit will be given for the course so the student may per of credit hours for the degree/certificate. (Attach copy of	

□ Waiver - The student is not required to take the course for the reason indicated below, but may need to take another course to complete the required number of credit hours for the degree/certificate._____

□Approved □ Denied

Instructional Administrator/CAO signature

Date

Student Services use only:	Entered in Notes	Staff Initials:	Date:	_Submit for scanning

