



CREDIT BY EXAMINATION

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

<p>ADMINISTRATIVE FEE PAYMENT \$ _____ Amount</p> <p>Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/> Credit Card _____</p> <p>Staff I.D. _____ / ____/____ Date</p>

<p>APPROVAL OF GRADE Exam Score _____ Grade _____</p> <p>_____/____/____ Instructor Date</p>
--

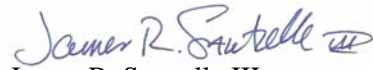
<p>PROCESSING AUTHORITY</p> <p>Received by: _____ / ____/____ Records Office Date</p>
--

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
X	Student Affairs Officers	11/29/06	
X	Academic Affairs Officers	11/29/06	
X	Regional Directors	06/01/07	
X	Vice President for CTE	06/01/07	06/01/07

Policy Reference: LTC Policy IS1930.126 Credit by Examination
LTC Policy IS1930.152 Grade Symbols and Designations

Distribution: Distributed Electronically via College's Intranet
Hard Copy Distribution to Regional Directors



James R. Sawtelle III
Vice President for Career and Technical Education