



PLEASE TYPE OR PRINT CLEARLY

APPLICATION FOR DSST CREDIT
Office of the Registrar

TO: Office of Testing

DATE: []

FROM: []

[]

Name of Student (Last, First, MI)

Stud. ID # or SSN

[]

Division / Major

[]

Program

PART 1

I am presently enrolled at Delgado. I understand that credit may not be awarded for Courses being reviewed through DSST and fees paid are non-refundable. As my official record indicated, I have never registered for this course(s) in any college or university.

Received by:

Student's Signature

Signature, Office of Testing

NOTE: Fee of \$5 per credit hour must be paid before application is processed. If credit is not awarded, fees are non-refundable.

PART 2

Fee Paid: [] Cashier [] Date

The student whose name appears above has submitted the following DSST score for credit (copy attached).

DSST TEST [] TEST DATE [] SCORE []

PART 3

Course No. [] Descriptive Title [] Hrs. Credit []

Coordinator, Testing

APPROVED: [] Dean, Division - Student

APPROVED: [] Dean, Division - Course

PART 4

A grade of "P" (Pass) will be assigned to all approved requests.

When this form has been completed with all signatures affixed, the Student's Division Dean should see that it is hand carried to the Office of the Registrar for processing. (Forms with grades cannot be accepted from students.)

APPROVED:

PART 5

Registrar: [] Date: []