



APPLICATION FOR ADVANCED PLACEMENT CREDIT
Office of the Registrar

Part 1

To: Office of Testing Date:
From: Name of Student Stud. ID #
Division Major Degree

I request that my ACT score be reviewed for credit in:
Course No. Descriptive Title Hrs. Credit

Presently enrolled at Delgado.

I understand that credit for the by-passed course will be awarded only if I earn a "C" or higher in the advanced course and that a grade of "P" will be assigned for the by-passed course but will not be computed in my grade point average. Further, I understand that all policies, regulations and procedures that are in effect for first-level courses are in effect for advanced placement.

Student's Signature Date

Part 2

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

ACT SKILL AREA SCORE DATE
Course No. Descriptive Title Hrs. Credit

Signature, Coordinator of Testing Date

Part 3

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

FEE PAID: Cashier Date

Part 4

A grade of Pass (P) will be assigned to all approved requests if a grade of "C" or better in the advanced course is earned.

Grade of "C" or higher was earned in advanced course and credit awarded No credit earned