

APPPLICATION FOR CLEP CREDIT Office of the Registrar

	TO:	Office of Advising a	and Testing	DATE:		
	FROM:					
		Name of Student (L	ast, First, MI)		LOLA ID	
		Division		Maian		
PART	1	Division		Major		
	CLEP a				ded for Courses being reviewed throu re never registered for this course(s)	
	Student	's Signature		Signature, Office of	Testing	
DADT	non-refu	Fee of \$5 per credit hundable.	nour must be paid before	application is process	ed. If credit is not awarded, fees are	
PART	2	Fee Paid: _	Cashier			
			Cashier		Date	
	The stu	dent whose name appe	ears above has submitte	ed the following CLEP s	core for credit (copy attached).	
	CLEP	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 a	ssigned to all approved	requests.		
	hand ca	arried to the Office of th	ne Registrar for processi	ng. (Forms with grade	Division Dean should see that it is seannot be accepted from students.)	
		APPROVED:				
D 4 D 7	_	ATTROVED.				
PART	5			Date	e:	
PART	5			Date	Э :	