Delgado
COMMUNITY COLLEGE

APPLICATION FOR
COLLEGE BOARD ADVANCED PLACEMENT CREDIT
Office of the Registrar

Part 1

To: **Office of Testing**   *Date:* _____

From: _____   _____
            Name of Student   **LOLA ID**

_____   _____   _____
      Division   **Major**   **Degree**

I request that my **COLLEGE BOARD AP Test** score be reviewed for credit in:

_____   _____   _____
   Course No.   **Descriptive Title**   **Hrs. Credit**

[ ] Presently enrolling at Delgado as
      First Semester Freshman.

I understand 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

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Part 2

The student whose name appears above has submitted the following **COLLEGE BOARD AP Test** score report for credit (copy attached).

College Board AP   _____   College Board AP   _____
TEST DATE: TEST SCORE:

_____   _____   _____
   Course No.   **Descriptive Title**   **Hrs. Credit**

_____   _____
Signature, Testing Coordinator   Date

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

Part 3

FEE PAID: _____   _____
                        Cashier   Date

- -

APPROVED: _____   APPROVED: _____
             Division Dean of Course   Student's Division Dean

Part 4

A grade of <u>Pass</u> (P) will be assigned to all approved requests.

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Credit awarded _____   No credit earned _____

Part 5

_____   _____
Registrar   Date

Form 1432/003 (9/22)