Delgado
COMMUNITY COLLEGE

APPPLICATION FOR DSST CREDIT
Office of the Registrar

TO: **Office of Testing**   **DATE:** _____

FROM: _____   _____

        Name of Student (Last, First, MI)   **LOLA ID**

_____   _____

        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

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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 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

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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.)*

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APPROVED:

PART 5

Registrar: _____ Date: _____