

APPLICATION FOR CLEP CREDIT Office of the Registrar

	TO:	Office of Advising and Testi	ing	DATE:		
	FROM:					
		Name of Student (Last, Firs	st, MI)		Stud. ID # or SSN	
PART	1	Division / Major		Program		
	LEAP a		e. As my official record i		d for Courses being reviewed through never registered for this course(s) in	
	Student	Student's Signature Signature, Office of Testing			esting	
	NOTE: non-refu			tion is processed	I. If credit is not awarded, fees are	
PART	2	Fee Paid:				
		Ca	ashier		Date	
	The stud	dent whose name appears abo	ve has submitted the fol	lowing CLEP sco	ore for credit (copy attached).	
	CLEP 1	TEST		TEST DATE	SCORE	
PART	3					
	Course	No. De	escriptive Title		Hrs. Credit	
				Coordinator, Testing		
	APPROVED:			Dean, Division – Student		
	APPROVED:			Dean, Division – Course		
PART	4					
	A grade	of "P" (Pass) will be assigned t	to all approved requests	i.		
		rried to the Office of the Regist	rar for processing. (For	ms with grades o	ivision Dean should see that it is cannot be accepted from students.)	
		APPROVED:				
PART	5					
		Registrar:	· · · · · · · · · · · · · · · · · · ·	Date:		