

Old Main 139, P.O. Box 2000 • Superior, WI 54880

## **DEPARTMENTAL CREDIT BY EXAMINATION FORM**

EXAMINATION FEE of \$2	25.00 PAID	_ TO _	Cashier's Office Representative	FEE NOT REFUNDABLE	
	Date		Cashier's Office Representative		
Students are allowed the opportunity to demonstrate their subject matter competence through general or specialized examinations administered by the various departments in the University.					
must be paid for each exami Credits earned through exar	ination (a laboratory credit mination, may <i>not</i> duplicate	exami credit	r's Office <i>before</i> being allowed to take nation may be included with the lecture is earned in other testing programs or e in which a grade has been received.	re credit under one examination fee). through regular academic course	
NOTE: Credit by Examination courses must be taken the first three weeks of a term and be received in the Registrar's office by the end of the fifth week to count as earned credits that term. An exam taken after three weeks and/or received after the fifth week will count as earned credits the following term of attendance.					
NAME OF STUDENT:					
·		First	Middle	Student Identification Number	
STUDENT'S STATEMENT: I wish to receive semester credits for the following course:					
Subject	Course Number		Course	Course Title	
X				Data	
Student's Signature				Date	
DEPARTMENT RECOMME	NDATION:				
Type of Examination:					
recommend that the above student be given semester credits for the following course:					
Subject	Course Number		Course	Γitle	
×					
Signature, Faculty Administering Exam				Date	
×					
Signature, Department Chai	r			Date	
<b>≭</b> Signature, Registrar				 Date	
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