

APPROVAL FORM FOR CREDIT BY EXAMINATION

			Date		
udent's Full Name _		Find		per dalla	
nner ID		First		Middle	
nner ID		Studer	nt Email		
ıdent's ASU Box Nur	mber		Major		
e renewal of a teach		nation must be a candidate for a deg above student has discussed taking th tion.			
Dept.	Course #	Course Title		Hours of credit	
Берт.	Course #	course ritte		riours or credit	
e written examination	on, when completed,	will be kept on file in my office.			
			Signature of Departi	ment Chairperson	
M RELOW TO BE EII	LLED OUT BY TEST AD	MINISTRATOR			
		ve course(s). The test results indicate	the following:		
e student has been	examined in the abov	e course(s). The test results mulcate	the following.		
Stud	ent has sufficient kno	owledge to receive credit for all cours	ses listed above.		
Stud	ent has sufficient kno	owledge to receive credit for only the	following courses listed	below:	
Dept.	Course #	Course Title		Hours of credit	
Stud	ent does not have ad	lequate knowledge to receive credit f	or any courses listed abo	ove.	
ne of Test Administrator (PRINT please, to ensure proper payment)			Signature of Test Administrator		
*STUDEN	ITS MAY NO	T HANDLE COMPLET	FD FORM. PI	FASE SEND TO	
3. 322.		N'S OFFICE VIA CAM			
•		opies of this form as follows:			
Registrar Department Chair	Director of Student Services, College of the student's major at Chairperson Test Administrator		Signature of Dean		

Payroll (Student's original receipt must accompany this copy.)