APPROVAL FORM FOR CREDIT BY EXAMINATION

Date _________________________

Student’s Full Name ___________________________ Last    First    Middle

Banner ID ___________________________ Student Email _________________________

Student’s ASU Box Number ___________ Major __________________________________

Anyone seeking to pursue credit by examination must be a candidate for a degree at Appalachian or must be working for credit for the renewal of a teaching certificate. The above student has discussed taking the course(s) listed below according to the policies regulating the earning of credit by examination.

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<th>Dept.</th>
<th>Course #</th>
<th>Course Title</th>
<th>Hours of credit</th>
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**ITEM BELOW TO BE FILLED OUT BY CHAIRPERSON**

Approval is hereby granted for the above student to take the indicated course(s) according to the credit by examination plan. A cashier’s receipt of $50 (for each course) has been presented to me for verification and is attached to this form. I have inspected and approved the written examination, and I have assigned the following instructor as exam administrator:

The written examination, when completed, will be kept on file in my office.

____________________________________________
Signature of Department Chairperson

**ITEM BELOW TO BE FILLED OUT BY TEST ADMINISTRATOR**

The student has been examined in the above course(s). The test results indicate the following:

_______ Student has sufficient knowledge to receive credit for all courses listed above.

_______ Student has sufficient knowledge to receive credit for only the following courses listed below:

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_______ Student does not have adequate knowledge to receive credit for any courses listed above.

______________________________________________
Name of Test Administrator (PRINT please, to ensure proper payment)  __________________________________________
Signature of Test Administrator

*STUDENTS MAY NOT HANDLE COMPLETED FORM. PLEASE SEND TO DEAN’S OFFICE VIA CAMPUS MAIL.*

Following approval, the Dean’s Office will distribute copies of this form as follows:

____ Registrar    ____ Director of Student Services, College of the student’s major

____ Department Chairperson    ____ Test Administrator

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

Signature of Dean