



# 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.

Dept.	Course #	Course Title	Hours of credit

### 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:

Dept.	Course #	Course Title	Hours of credit

\_\_\_\_\_ 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