CREDIT BY EXAMINATION APPROVAL FORM

Date: ________________

Approval is given for __________________________ (Student’s Name) __________________________ (Student I. D. No.) to take __________________________ (Course Number and Title) with __________________________ (Instructor’s Name) by comprehensive examination for “K” credit. The course will be accomplished the _______ of the _______ school year.

(Semester) (Year)

Instructor __________________________ Date __________________________

Department Chairperson __________________________ Date __________________________

School Dean __________________________ Date __________________________

COLLEGE DEAN:

Please complete this section. If the course is not offered this semester, do not complete CRN number and section number. The Registrar’s Office will complete these items.

<table>
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<tr>
<th>CRN NO.</th>
<th>DEPT. ABBR.</th>
<th>CRS. NO.</th>
<th>SEC. NO.</th>
<th>CREDIT HRS.</th>
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RETURN THIS FORM TO THE REGISTRAR’S OFFICE

A copy of this form will be sent by the Registrar’s Office to the following:

College Dean
Department Chairperson
Instructor
Student

OFFICE USE ONLY

Term Code: __________________________ Invoiced: __________________________
Input: __________________________ Date/Initials: __________________________