



REQUEST FOR CREDIT BY EXAMINATION

STEP 1. Complete the following information:

(Circle One)

_____	_____	_____	_____	FR	SO	JR	SR	GR	
(Last Name)	(First Name)	(MI)	Student Identification Number (If known)	Class Standing					
Mailing Address _____									
_____	_____	_____	_____	_____		_____			
City	State	Zip	Phone Number	Date of Application					

I request to take a comprehensive exam or series of exams covering the subject matter of the following course: **(Only approved UAF courses are available for Credit by Examination. Courses with numbers ending in 90-99, i.e., 492,493,497, etc. are excluded.)**

_____	_____	_____
Dept. and Course Number	Course Title (use current catalog)	Credit Hours

STEP 2. Instructor/Student Agreement on Conditions of Credit by Examination.

The instructor and the student will agree on a date of examination and on a method of grading prior to the testing date. Please remember that examinations must be completed within 90 days of application.

Date of Exam: _____	Method of grading (check one): Pass/Fail _____	Letter _____
_____	_____	_____
Instructor's Printed Name	Student's Signature (please read statement below before signing)	Date
_____	_____	_____
Instructor's Signature		

Student: By signing this form I acknowledge the following: I am currently in, or have previously been enrolled in a UAF degree or certificate program. I am aware that Credit by Examination is not computed in my GPA; not considered as UAF residence credit; not considered as part of the semester study load for full-time, part-time classification, and may not be used to replace a previously graded course for which you received credit.

STEP 3. Take the form to Testing Services, (211 Gruening Building) or to the UAF Business Office (1st Floor Signers' Hall) to pay \$40.00 per credit hour. This fee is not refundable.

Date: _____	Fee \$: _____	Receipt #: _____	Cashier: _____
		41146-9605	

STEP 4. Return all copies to Testing Services, 211 Gruening Building, (ext. 5277) or PO Box 756410. The Testing Office will send the copies to the instructor for completion.

Date received at Testing Services: _____

STEP 5. TO BE COMPLETED BY THE INSTRUCTOR – Return all copies IN PERSON to TESTING SERVICES, 211 Gruening Building, or THROUGH CAMPUS MAIL to TESTING SERVICES, PO Box 756410. (Grades are not accepted if returned by student)

Grade Student Earned: _____	Date: _____
Instructor's Signature: _____	

Signature of Coordinator of Testing Services: _____	Date: _____
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