APPLICATION FOR CREDIT BY EXAMINATION

Name: ___________________________ Student ID: _________________________

Local Address: _________________________________________________________

Local Phone Number: ___________________________________________________

Major: ___________________________ Expected Date of Graduation: __________

Course Name and Number (one course per form): ____________________________

Examination Date: __________________ Examination Time: __________________

Place of Examination: _________________________________________________

1. □ YES □ NO Have you attempted this course by examination previously? (If “YES”, you are not eligible to take the examination)

2. □ YES □ NO Were you registered for this course at any time during the present term? (If “YES”, you are not eligible to take the examination)

3. □ YES □ NO Have you failed this course? (If a grade of “F” has been recorded, you are not eligible to take the examination.)

The NON-REFUNDABLE FEE of $50.00 is to be paid at the time of application (Check should be made out to “WVU”). A postponement of the exam must be approved by the Associate Dean.

I HAVE READ AND UNDERSTOOD THE POLICIES AND PROCEDURES ON CREDIT BY EXAMINATION AND VERIFY THAT THE INFORMATION STATED ABOVE IS ACCURATE.

Student’s Signature ___________________________ Date ____________________

Endorsement of Department:

Please check:

☐ The above student HAS SATISFACTORILY PASSED the prerequisites for the course named.
☐ The above student HAS SATISFACTORILY PASSED an examination in the course named.
☐ The above student HAS NOT PASSED.

Examiner’s Signature ___________________________ Date ____________________

Department Chairperson’s Signature ___________________________ Date ____________

To the student: Present this form to the examiner at the time of the examination. Form should be submitted to the Office of Student Services, 141 ESB