

CREDIT BY EXAMINATION APPROVAL FORM

Fee: \$30.00 per credit hour

Receipt# _____

NAME _____
Last First MI

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Student ID Number

School _____

Date _____
Month Day Year

Major _____

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Subject Course Section

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Title

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Credits

Student address (please print clearly)

Name _____

Street _____

City _____ State _____ Zip _____

Student's signature

Date

Adviser's signature

Date

Chairman's signature, examining department

Date

