



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.

STEP 3. Take the form 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: _____