AULTMAN COLLEGE

# CREDIT BY EXAM REQUEST FORM

**Student: Complete this section ONLY (Please print clearly.)**

| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|
| | | |

**STUDENT ID NUMBER** _____ Have you previously used Exam Soft? ____

Have you previously used Aultman College LMS? _____

**COURSE TITLE** _____

**COURSE NUMBER** _____ **CREDIT HOURS** _____

**I agree to the CBE process rules.** _____ _____

**Student Signature** **Date**

**STUDENT STOP! RETURN FORM TO THE OFFICE OF THE REGISTRAR.**

**Registrar**

**Date of Receipt of Request Form**_____

**Date of Approval of Request Form**_____ _____

**Registrar's Signature** _____

**Payment Amount ($**_____ **)** **Payment Received Date** _____

_____

**Academic Advisor**

**Exam Administered on Date(s)** _____**Time(s)** _____

**Signature** _____

**Test Evaluated by (Please print.)** _____

Faculty Member

**CREDIT** Successful_____ Unsuccessful_____ Grade Issued_____

**Evaluator Signature** _____ **Date** _____

**Date Grade is Added to Student's Permanent Academic Record** _____

**Office of the Registrar, Signature** _____