

Credit By Examination Registration Form

Name: _____
Last
First
M
ID Number

Course Number	Term	Semester Hours	Instructor Name	Date

I accept financial responsibility and agree to pay for all tuition charges. I understand grades will be reported at the end of the current term.

 Student Signature

 Date

 Date Registered

 Registrar's Office

 Instructor Signature

NOTE TO FACULTY: This credit by exam course will be registered. It is the student's responsibility to arrange the exam time with you.