



PACIFIC LUTHERAN UNIVERSITY

OFFICE OF THE REGISTRAR Credit By Examination Registration Form

Name: _____
Last First M ID Number

Course Prefix & Number	Term	Credit Hrs	Instructor Name

I accept financial responsibility and agree to pay the additional charges. I understand grades are reported at the end of the term.

Student Signature Contact Number Date

Instructor Signature Contact Number Date

Department Chair or Dean Signature Contact Number Date

NOTE: This form must be returned to the registrar's office no later than the add deadline for the term.

WHITE: Registrar's Office YELLOW: Student Copy RO 50/11-09



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