



# 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.**