SEATTLE UNIVERSITY
OFFICE OF THE REGISTRAR & OPERATIONS
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

CREDIT BY EXAMINATION REQUEST

(RMTSCX_C)

~ Print in Ink ~

INSTRUCTIONS:

- Read the Credit by Examination policy #2004-06 at www.seattleu.edu/registrar, Academic Policies, to determine if you are eligible.
- If eligible, complete this form, obtain all required signatures in the order below, then submit it to the instructor offering the examination.
- *This completed & approved form must be on file in the Office of the Registrar & Operations by the last day of the quarter in which the grade is to be posted.*

Student ID Number: _____ Phone Number: (_____)_____
Area Code

Student Legal Name: _____ SU Email: _____@seattleu.edu
Last First Middle

Class Level: □ FR □ SO □ JR □ SR □ Post-Bacc

College or School of major: □ ASC □ BUE □ MRC □ NUR □ SCE Major or Program _____

Term/Year of Exam (Fill in year): Fall ____ Winter ____ Spring ____ Summer ____
Year Year Year Year

Course Subject & Number _____ Credits _____

Course Title _____

Reason for request _____

▶ Student Signature _____ Date: _____

REQUIRED APPROVALS (in the following order):

1. ADVISOR

   ▶ Advisor Signature _____ DATE_____

2. OFFICE OF THE REGISTRAR & OPERATIONS APPROVAL Student is eligible to take the above course by credit by examination.
   NOTE: Allow 5 working days

   Reason if ineligible _____

   ▶ Registrar or Designee Signature _____ DATE_____

3. CHAIRPERSON OF DEPARTMENT OFFERING COURSE APPROVAL
   I grant approval for this student to take the course by credit by examination. □ YES □ NO

   Reason if ineligible _____

   INSTRUCTOR ASSIGNED_____

   ▶ Chairperson Signature _____ DATE_____

4. STUDENT FINANCIAL SERVICES Student has paid the necessary fees.

   ▶ Student Financial Services Signature _____ DATE_____

5. INSTRUCTOR ASSIGNED TO ADMINISTER AND GRADE THE EXAMINATION Test date _____
   NOTE: Only the instructor can submit this form to the Office of the Registrar. Grade earned (CR/NC only) _____

   ▶ Instructor Signature _____ DATE_____

REGISTRAR'S OFFICE USE ONLY
Processed by: _____
Date: _____