



OFFICE OF THE REGISTRAR

901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

~ 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 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 [] NCS [] 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 APPROVAL Student is eligible to take the above course by credit by examination. [] YES [] NO

NOTE: Allow 5 working days, credit by examination policy #2004-06

Reason if ineligible _____

► Academic Specialist 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

NOTE: Only the instructor can submit this form to the Office of the Registrar.

Test date _____

Grade earned (CR/NC only) _____

► Instructor Signature _____ DATE _____

REGISTRAR'S OFFICE USE ONLY

Processed by: _____

Date: _____