

# Beaver College of Health Sciences

APPALACHIAN STATE UNIVERSITY

## APPROVAL FORM FOR CREDIT BY EXAMINATION

Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Last

First

Middle

Banner ID \_\_\_\_\_ Student Email \_\_\_\_\_@appstate.edu

Major \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

**Anyone seeking to pursue credit by examination must be a candidate for a degree at Appalachian or must be working for credit for the renewal of a teaching certificate.** The above student has discussed taking the course(s) listed below according to the policies regulating the earning of credit by examination.

Dept	Course #	Course Title	Credit Hours

**ITEM BELOW TO BE FILLED OUT BY CHAIRPERSON**

Approval is hereby granted for the above student to take the indicated course(s) according to the credit by examination plan. A cashier's receipt of \$50 (for each course) has been presented to me for verification and is attached to this form.

I have inspected and approved the written examination, and I have assigned the following instructor as exam administrator:

The written examination, when completed, will be kept on file in my office.

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date

**ITEM BELOW TO BE FILLED OUT BY TEST ADMINISTRATOR**

The student has been examined in the above course(s). The test results indicate the following:

\_\_\_\_\_ Student has sufficient knowledge to receive credit for all course(s) listed above.

\_\_\_\_\_ Student has sufficient knowledge to receive credit for only the following course(s) listed below:

Dept	Course #	Course Title	Credit Hours

\_\_\_\_\_ Student does not have sufficient knowledge to receive credit for any course(s) listed above.

\_\_\_\_\_  
Name of Test Administrator (PRINT to ensure proper payment)

\_\_\_\_\_  
Signature of Test Administrator

Date: \_\_\_\_\_

**\*STUDENTS MAY NOT HANDLE COMPLETED FORM. PLEASE SEND TO DEAN'S OFFICE VIA CAMPUS MAIL\***

Following approval, the Dean's Office will distribute copies of this form as follows: \_\_\_ Registrar \_\_\_ Chairperson \_\_\_ Student \_\_\_ Payroll (student's original receipt must accompany this copy)

\_\_\_\_\_  
Signature of Executive Director of Advising and Academic Support  
(Dean's Designee)