

# College of Health Sciences

## APPROVAL FORM FOR CREDIT BY EXAMINATION

Office of the Dean

Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Last First Middle

Student's ASU Box Number \_\_\_\_\_ Major \_\_\_\_\_

**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. Permission is hereby granted, contingent upon concurrence by the departmental chairperson.

<u>DEPARTMENT</u>	<u>COURSE NUMBER</u>	<u>TITLE OF COURSE</u>	<u>HOURS OF CREDIT</u>
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### 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 for \$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)

### 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.

\_\_\_\_\_ Student does not have adequate knowledge to receive credit.

\_\_\_\_\_  
(Signature of Test Administrator)

\_\_\_\_\_  
Signature of Dean (or designee)

Following approval, the Dean's Office will distribute copies of this form as follows:

- Registrar
- Director of Student Services, College of Health Sciences
- Department Chairperson
- Test Administrator
- Student
- Payroll (**Student's original receipt must accompany this copy.**)