Beaver College of Health Sciences  
APPROVAL FORM FOR CREDIT BY EXAMINATION

Student’s Full Name ____________________________ Last First Middle

Student’s Banner ID ____________________________ Major __________________________

Anyone seeking to pursue credit by examination must be a candidate for a degree at Appalachian State University or must be working for credit for the renewal of a teaching certificate.

The above student has discussed 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.

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>TITLE OF COURSE</th>
<th>HOURS OF CREDIT</th>
</tr>
</thead>
</table>

ITEMS BELOW TO BE FILL 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)

ITEMS BELOW TO BE FILL 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 Executive Director of Advising and Academic Support)

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

Registrar
Director of Student Services
Department Chairperson
Test Administrator
Student
Payroll (Student’s original receipt must accompany this copy)