

Credit by Examination

Washtenaw Community College - Office of Student Records



Washtenaw
Community
College

STUDENT NAME: _____

STUDENT ID: @00 _____

FACULTY NAME: _____

PER CREDIT TESTING FEE: \$ _____

NOTE: The student must be currently enrolled at Washtenaw Community College

IN THE FOLLOWING COURSE(S) WITHIN MY AREA OF SPECIALIZATION:

Course #	Title	Credits		
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> NOT PASSED
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> NOT PASSED
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> NOT PASSED
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> NOT PASSED
_____	_____	_____	<input type="checkbox"/> PASSED	<input type="checkbox"/> NOT PASSED

TO BE COMPLETED AFTER EVALUATION

PROGRAM AREA: _____ TOTAL NUMBER OF CREDITS TESTED: _____

FACULTY SIGNATURE: _____ DATE: _____

DEPARTMENT CHAIR SIGNATURE: _____ DATE: _____

AREA DEAN SIGNATURE: _____ DATE: _____

FOR STUDENT RECORDS OFFICE USE ONLY

Date received: _____ Date processed: _____

FOR CONTROLLER'S OFFICE USE ONLY

Date received: _____ Amount to be paid to faculty: _____