CREDIT BY EXAMINATION

UNIVERSITY OF DELAWARE
Office of the University Registrar
University Visitors Center
302-831-2131

STUDENT SECTION

<table>
<thead>
<tr>
<th>STUDENT ID NUMBER</th>
<th>DATE</th>
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</thead>
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EXAMINATION IN COURSE:
Enter only one course per form

<table>
<thead>
<tr>
<th>COURSE ALPHA CODE AND #</th>
<th># OF CREDIT HOURS</th>
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<tbody>
<tr>
<td>(Ex. CHEM 220)</td>
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COURSE TITLE

BASIS FOR REQUEST

- Professional Experience
- Study at another institution - not acceptable as Transfer Credit
- Other (please specify) ____________________________

STUDENT INFORMATION

Name (F, M, L)

UDEL Email

Phone (area code, #)

INSTRUCTIONS

1. Student must be currently enrolled at the University of Delaware to earn Credit by Examination.
2. Student consults with department chairperson regarding basis for awarding credit and obtains signature.
3. Student pays non-refundable $75 per credit hour fee at Cashier’s Office, Student Services Building. Payment must be made prior to sitting for examination. Cashier’s Office records payment amount and date-stamps form.
   NOTE: The fee is waived for enrolled veterans who are using GI Educational benefits. Instead of the Cashier’s Office, students eligible for the fee waiver take the form to the Student Veteran Services Coordinator in the University Visitors Center for verification.
4. Student presents form to the faculty examiner and completes arrangements for evaluation.
5. After completion of evaluation, faculty examiner checks method of evaluation.
6. Faculty examiner enters letter grade of C- or better, which counts in the UD GPA. Number of credit hours must equal the number of credit hours for which the course is approved.
7. Faculty examiner forwards form with grade entered to the Registrar’s Office.
8. The Registrar’s Office enters credit by examination data in student’s record within 5-7 business days after receiving the grade.

DEPARTMENT CHAIRPERSON SECTION

APPROVED FOR EXAMINATION

____________________________  ______________
Course Department Chairperson  Date

CASHIER’S OFFICE/ VETERANS COORDINATOR USE ONLY

FACULTY EXAMINER SECTION

COURSE KNOWLEDGE EVALUATED BY

- Written Examination
- Oral Examination
- Other (please specify) ________________

____________________________  ______________
Faculty Examiner  Date

REGISTRAR’S USE ONLY

<table>
<thead>
<tr>
<th>Term</th>
<th>Date Entered</th>
<th>Initials</th>
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Faculty

Term

Date Entered

Initials

Initials