

# EXAMINATION FOR CREDIT



DATE: \_\_\_\_\_

## I. TO BE COMPLETED BY STUDENT (Please fill in completely)

1. Name \_\_\_\_\_  
(Please print or type)

2. Tech ID: \_\_\_\_\_

3. The description of the Minnesota State University, Mankato course for which you wish to take comprehensive examination for credit:

Dept. Name	Course #	Title	Cr. Hours

4. Description of previous background experience which justifies this request for examination for credit:  
\_\_\_\_\_  
\_\_\_\_\_

## II. RECOMMENDATION FOR EXAMINATION

1. \_\_\_\_\_ Approved ( ) Disapproved ( )  
Signature of Department Chairperson

Examination to be administered by \_\_\_\_\_ on  
\_\_\_\_\_ .  
Date Hour Room

## III. TO BE COMPLETED BY CASHIERS OFFICE, WA 128 (Fee of \$50.00 per credit hour)

Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Cashier)

## IV. TO BE COMPLETED BY EXAMINER

\_\_\_\_\_ Pass ( ) Fail ( ) Credit \_\_\_\_\_  
(Course examined in)  
\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Examiner)

## V. APPROVED: (The Deans of Colleges and Department Chairpersons are reminded that the Curriculum Committee indicated on February 14, 1961, that credit by examination is to be given only for an extremely high level of efficiency, usually represented by a grade of A or B on the examination.)

\_\_\_\_\_ Date \_\_\_\_\_  
(Department Chairperson)  
\_\_\_\_\_ Date \_\_\_\_\_  
(Dean of the College)

## VI. OFFICE OF THE REGISTRAR, WA 132

Signature/Date \_\_\_\_\_

Blank forms available in each Department Chairperson's Office

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