

**ARKANSAS STATE UNIVERSITY**

**REQUEST FOR CREDIT BY EXAMINATION**

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**Student's Name**

**Student ID Number**

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**Course Prefix & Number**

**Title of course**

**Semester Hours Awarded**

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**\$50**

**Cashier (signature)**

**\*Exam Fee**

**Date Paid**

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**Examiner (signature)**

**Pass OR Fail results**

**Date of Exam**

**APPROVAL:**

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**Chair of Department Awarding Credit**

**Date**

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**Dean of College Awarding Credit**

**Date**

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**Registrar**

**Date**

**\* Non-refundable fee payable at time of applying for examination.**

**This form should be returned to the Registrar's Office (Janice Smith) after the student has completed the exam.**

**If you would like a copy of this after the course has been added to the student's record please indicate below:**

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**Name of Person & Department to send copy to**