ENROLLED GRADUATE APPLICATION FOR CREDIT BY EXAMINATION

Student Name ___________________________ Student ID # ___________________________ E-mail ___________________________

Mailing Address ___________________________ City ___________ State ___________ Zip ___________

Credit by examination is an option available in some graduate programs. To earn credit by examination, you must obtain all signatures listed below in the order they are listed. Give this form, signed by the Academic Unit Head and the Cashier, to the instructor at the time you take the examination. Should credit be awarded, you will receive a copy of your updated transcript. A maximum of 9 credit hours can be earned through credit by examination or transfer from institutions other than JMU, with no more than 9 credit hours earned by a combination of exam or transfer.

Adviser Name (please print) ___________________________ Adviser Signature ___________________________ Date ___________

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FEE PAYMENT: UNIVERSITY BUSINESS OFFICE, STUDENT SUCCESS CENTER 5100

Payment of the credit by examination fee is nonrefundable and applies to the course listed below. The cost for the exam is $50 per credit hour attempted.

UBO Representative Name (please print) ___________________________ UBO Representative Signature ___________________________ Date ___________

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DEPARTMENT APPROVAL TO TAKE EXAMINATION:
Arrangements have been approved for the above student to take an examination to earn credit for:

Course Subj. and No. ___________________________ Course Title ___________________________ Credit Hours ___________

Academic Unit Head Name (please print) ___________________________ Academic Unit Head Signature ___________________________ Date ___________

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AWARD FOR CREDIT:

☐ 1. The above student has successfully passed the above examination and should be awarded credit.

☐ 2. The above student has not passed the above examination and should not be awarded credit. (If this box is checked, do not forward to the Office of the Registrar.)

Instructor Name (please print) ___________________________ Instructor Signature ___________________________ Date ___________

If test credits are awarded, please forward to: Office of the Registrar
Student Success Center
738 South Mason Street, MSC 3528
Harrisonburg, VA 22807

Entered by: _______
Date: _______

July 2015