ENROLLED UNDERGRADUATE
APPLICATION FOR CREDIT BY EXAMINATION

Student name ___________________________ Student ID # ___________________________ JMU E-mail ___________________________

Credit by examination is available to enrolled undergraduate students only. See ‘Credit by Examination’ in the undergraduate academic catalog for more information.

You must obtain all signatures listed below in the order by which they are listed.

Present this form – signed by your Advisor, the Academic Unit Head and the University Business Office – to the instructor at the time you take the examination. If credit is awarded, you will be able to view it via MyMadison.

Advisor’s Name (please print) ___________________________ Advisor’s Signature ___________________________ Date ___________________________

FEE PAYMENT: UNIVERSITY BUSINESS OFFICE, Student Success Center, Room 5100
Payment of the credit by examination fee is nonrefundable and applies to the course listed below.

UBO Representative’s Name (please print) ___________________________ UBO Representative’s Signature ___________________________ Date ___________________________

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’s Name (please print) ___________________________ Academic Unit Head’s Signature ___________________________ Date ___________________________

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’s Name (please print) ___________________________ Instructor’s Signature ___________________________ Date ___________________________

Academic Unit Head’s Name (please print) ___________________________ Academic Unit Head’s 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 2014