

KANSAS WESLEYAN UNIVERSITY

Office of the Registrar, Student Services Suite, PH285, 100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4318 FAX: (785) 404-1485 E-mail: kdubhub@kwu.edu

Request for Credit by Examination

Full Name: _____

Student ID: _____

To receive credit by examination, a student must be currently enrolled in or have completed at least one course at KWU and must answer the below questions. If the answers to these questions are all "No", you may be eligible to take credit by exam. Do not take the examination if you answered "Yes" to any of the questions. Credit cannot be granted if records show that you do not qualify.

- Yes No Have you previously taken this course for credit or audit?
Note: Students whose professional preparation requires an update of a specific course may qualify.
- Yes No Is this course a prerequisite for a course in which you have already earned credit?
- Yes No Have you previously attempted to earn credit for this course by examination?

Application for credit by examination is made to the Registrar and approved by the department offering the course. Credit is granted to students who earn a grade of "B-" or better on the exam. Credit by examination is not used in determining students' course loads since the courses are considered completed when the examinations are taken and the grades reported to the Registrar. The courses are, however, recorded on student official transcripts and count toward both the cumulative grade point average and the total number of credit hours required for graduation.

An attempt fee of \$25 per credit hour is charged. A transcript fee of \$50 per credit hour is charged for approved credit.

Course Information:

Course Number	Course Title	Credit Hours (per academic catalog)
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Instructor Name (giving the exam)	Date the exam was completed	Letter Grade Earned
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Approvals:

I understand that this credit will apply to my curriculum at Kansas Wesleyan University, but may not be accepted at another institution and that I must pay the attempt and transcript fees before the credit will be applied to my transcript.

Student Signature	Date
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Instructor Signature	Date
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Department Chair Signature	Date
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For Office Use:

Payment Received by:	On (date):
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Office of the Registrar:

Signature

Received (date)

Processed (date)