## Lincoln University



## PETITION FOR CREDIT BY EXAMINATION

## **INSTRUCTIONS:**

- 1. Complete the student portion of the form.
- 2. Request an approval from the instructor and the President/Program Director.
- 3. Return completed form to the Record's Office.

## STUDENT - PLEASE PRINT

NAME:					
Last Name		First Name	Middle	Middle Name	
STUDENT ID:		SEMESTER:			
		Fall /	Spring / Summer	Year	
DEGREE: DBA/MS/MBA/BA/BS/CERT		CONCENTRATION:			
DBA/MS/ME	3A/BA/BS/CERT				
COURSE REQUESTE	D TO CHALLENGE	<u>-</u>			
OGGREE REGESTE	2 . 0 0	Course Number	Course Name		
PREREQUISITE COU	RSE TAKEN: Cours	se Number	Course Name		
NAME OF THE INSTR	UCTOR:				
REASON FOR REQUESTING CREDIT BY EXAMINATION:					
STUDENT'S SIGNATURE/ PRINT NAME:			DA	DATE:	
STUDENT S SIGNATU	IRE/ PRINT NAIVIE.	•	DA	I E	
400550.00			D.1.T.		
AGREED BY:			DATE:		
APPROVED BY:	Instructor's Signa		DATE:		
7.1.1.1.0.V.E.D.D.1	President/Program	m Director's Signature	<i>D</i> /(12:		
		For Office Use Only	1		
CHALLENGED COURS	SE:				
	Course Number	Course Na	ıme		
INSTRUCTOR'S NAME:			GRADE RECEIVE	GRADE RECEIVED:	
PROCESSED BY: Director of Records			DATE:		
	Director of R				

Revised: 06/30/2017ukg