



## 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 Name

STUDENT ID: \_\_\_\_\_ SEMESTER: \_\_\_\_\_  
Fall / Spring / Summer Year

DEGREE: \_\_\_\_\_ CONCENTRATION: \_\_\_\_\_  
DBA/MS/MBA/BA/BS/CERT

COURSE REQUESTED TO CHALLENGE: \_\_\_\_\_ - \_\_\_\_\_  
Course Number Course Name

PREREQUISITE COURSE TAKEN: \_\_\_\_\_ - \_\_\_\_\_  
Course Number Course Name

NAME OF THE INSTRUCTOR: \_\_\_\_\_

REASON FOR REQUESTING CREDIT BY EXAMINATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT'S SIGNATURE/ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGREED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Instructor's Signature

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
President/Program Director's Signature

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**For Office Use Only**

CHALLENGED COURSE: \_\_\_\_\_ - \_\_\_\_\_  
Course Number Course Name

INSTRUCTOR'S NAME: \_\_\_\_\_ GRADE RECEIVED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Director of Records