

# LENOIR-RHYNE UNIVERSITY

## REQUEST FOR CREDIT BY EXAMINATION

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Address (LR Box): \_\_\_\_\_

Phone: \_\_\_\_\_ Exp. Grad Date: \_\_\_\_\_

1. I would like to receive credit for the following course \_\_\_\_\_ through Lenoir-Rhyne's Credit-By-Exam Policy stated in the College Catalog.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

2. I agree to administer the requested Examination within four (4) weeks after the student has paid the examination fee.

Date: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_

School Chair Signature: \_\_\_\_\_ Date Exam Scheduled: \_\_\_\_\_

3. Approval by the Dean of College.

Date: \_\_\_\_\_ Dean's Signature: \_\_\_\_\_

4. A fee of \$\_\_\_\_\_ for above stated examination has been paid in full.

Date: \_\_\_\_\_ Business Office: \_\_\_\_\_

5. The examination took place on \_\_\_\_\_. The student passed/failed the examination and should/should not receive \_\_\_\_\_ credit hours for \_\_\_\_\_.

COURSE NUMBER

Date: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_

6. The above course (if passed) has been entered on the student's record.

Date: \_\_\_\_\_ Registrar's Office: \_\_\_\_\_

**NOTE:** In order for a student to obtain credit for a course taken by Credit By Exam, the student must score the equivalent of a grade "C" on the exam. Such credit will apply toward meeting graduation requirements; however, no grades will be assigned to credit obtained in this matter.