



1601 Washington Road | Westminster, MD 21157 | carrollcc.edu

Request for Credit by Examination

Records Office · Room A-122

410-386-8440 | Fax 410-386-8446 | Toll Free 1-888-221-9748

To the Student

Credit by Examination requires a certain amount of advance planning and coordination with several offices. This form is designed to assist you in these efforts. You will need to present this form, with parts I and II completed, to the designated examination supervisor at the time of the examination. Part III will be completed by the examination supervisor and sent to the Records Office.

Part I (to be completed by the appropriate department chairperson)

This is to certify that: (Student Name) _____ Student Number: _____

has the approval of the Department to challenge the following course:

Course Number: _____ Title: _____

The time, date, and location of the examination, and the identity of the faculty member whom I have designated as being responsible for the administration and evaluation, are as follows:

Time: _____ Date: _____

Responsible Faculty Member: _____

Department Chairperson Signature: _____

Part II (to be completed by the Business Office)

All charges attendant to the above referenced credit by examination have been paid.

Signed: (Cashier Signature) _____

Receipt #: _____ Date: _____

Part III (to be completed by the examination supervisor)

This is to certify that: (Student Name) _____ has has not

successfully completed the examination referenced in part I above.

Signed: (Examination Supervisor) _____

When form is complete, please return to the Records and Registration office. Email records@carrollcc.edu