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**To the Student**

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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.

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

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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: \_\_\_\_\_

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**Part II (to be completed by the Business Office)**

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

Signed: (Cashier Signature) \_\_\_\_\_

Receipt#: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part III (to be completed by the examination supervisor)**

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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](mailto:records@carrollcc.edu)