



54 COLLEGE DRIVE • MARION, NC 28752 • 828.652.6021 • registrar@go.mcdowelltech.edu

# REQUEST FOR CREDIT BY EXAMINATION

Name of Student \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Curriculum \_\_\_\_\_

**Circle One): Day or Evening** Semester \_\_\_\_\_ Year \_\_\_\_\_

I, \_\_\_\_\_, believe I have the ability and or background to receive **credit by examination**  
(your name)

for \_\_\_\_\_ of the  
(course) (number) (section) (class title)

\_\_\_\_\_ curriculum and request credit for this course by examination.  
(curriculum title)

A student may pass a specially prepared examination and receive credit for a course without having to do the regular course work. The student must show evidence of his/her knowledge of the subject matter by enrolling in the course and convincing the instructor of their ability. A request to receive credit for the course should be submitted to the instructor. The student must remain in attendance through the 10% point in the semester.

The examination will be administered by the appropriate department. This request must be submitted at least ten working days in advance of the anticipated test date.

The student will not receive a letter grade or quality points. Credit by examination will be entered on the student's transcript. Hours for the course will be counted toward graduation, but will not be counted in computing quality points averages.

The following signatures must be obtained from the appropriate faculty / staff and returned to the Office of Student Services before credit will be awarded.

## APPROVAL OF REQUEST FOR CREDIT BY EXAMINATION:

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Chief Academic Officer

The above student has taken the examination for \_\_\_\_\_ and is eligible to receive **credit by examination**.  
Couse No. and Name

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Registrar