



# University of the Southern Caribbean

## CREDIT BY EXAMINATION APPLICATION

Legal Name (First)	Middle	Last	USC ID#

**Degree:** [ ] BBA [ ] BS [ ] BA [ ] AS [ ] AA [ ] B.Ed. Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Bulletin Year: \_\_\_\_\_ **(Note: Course must be listed in the Bulletin under which the student will graduate).**

Course Acronym & Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_

Term: ( ) 1<sup>st</sup> Semester ( ) 2<sup>nd</sup> Semester ( ) 3<sup>rd</sup> Semester School Year: \_\_\_\_\_

**Note: Documentary evidence is required for validation of prior knowledge of the course. Please indicate the basis of this knowledge below and attach supporting evidence.**

( ) Transcript of Grades ( ) Certificate ( ) Portfolio ( ) Other

Test(s) or method used as basis for recommendation (to be completed by Instructor). Only applications identifying tests given will be considered.

\_\_\_\_\_

\_\_\_\_\_

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**Signatures:**

_____	Date _____	Associate Provost _____	Date _____
Faculty Dean (Signature required if Credit From Examination is to count on Major, Emphasis, minor)	Date _____	Student Finance Advisor _____	Date _____
		Data Entry Assistant _____	Date _____

**INSTRUCTOR'S GRADE REPORT: ( ) "S" Satisfactory ( ) "U" Unsatisfactory**

**Financial:** I agree to pay the examination fees for this class –

_____	Date _____	Email _____
Student's Current Address _____	Phone Number _____	

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**Student Finance Office Use Only:**

Charge to student for Examination (50% of course tuition) \$ \_\_\_\_\_ Signed \_\_\_\_\_

**Decision of Registrar or Designee:**

[ ] Approved as Recommended	[ ] Approved with Changes	[ ] Denied	[ ] Other _____
Signature and Comments of Registrar/Designee:			

Date Received \_\_\_\_\_ Sent to Registrar/Designee \_\_\_\_\_ Response Received \_\_\_\_\_

**The form and supporting evidence must be returned to the Data Entry Office by the Instructor or designee – not the student.**