

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.