

DEPARTMENT

Andrews University
Berrien Springs, MI 49104-0180

**Credit by Examination
Other than CLEP**

Student's Name

ID Number

Course Number

Title of Course

Credits

Test(s) or method used as basic for recommendation

Obtain signatures in numerical order:

1. Teacher

Date

4. Records

Date

2. Dept. Chairman

Date

5. Business Office

Date

If credit form exam will count toward major

3. Academic Dean

Date

I agree to pay the examination and recording fee for this course.

Student's Signature

Date

Student's Current Address

OFFICE USE ONLY, DO NOT WRITE BELLOW THIS LINE

Charge to student for credits recorded \$_____ (\$36/credit)

Recording fee \$ 16

Semester credits granted and recorded _____

Charge to student for dept administration of exam \$ 58 (EAXT) - Check w/Jeane Robinson
for correct AR Code for your dept