## **CLEP PERMISSION APPLICATION**

Date

- \*Please review CLEP guidelines in the Advanced Placement Opportunities brochure.
- \*No credit by examination of any type may be taken during the last semester immediately preceding graduation
- \*CLEP credit granting score is 50.
- \*For students who want to retake a CLEP exam there is a 6 month waiting period.

			Date:/	
First Name Middle I		ial L	ast Name	
Classification: Freshman□	Sophomore□	Junior□	Senior□	
Academic Major:	Semester and year of	anticipated grad	luation:	
SS# Bi	rth Date/	/ AU ID	)#	
Email		Phone #		
Local Address				
City	State	ZIP Co	de	
CLEP Subject Examination:		AU Course #		
PLEASE (	OBTAIN THE FOLL	OWING SIGNAT	CURES	
Department Chair of your progr	am (Name):			
Chair's Signature:		Date	e:	
Department Chair of subject you	ı are taking (Name): _			
Chair's Signature:		Date	e:	

## **CLEP TEST FEES**

See brochure for other fees that may apply

\$80 to CLEP (VISA, MasterCard, or Personal Check)
\$38 to CTC Administration Fee (Charge to AU account or Cash only)

Test costs are <u>NOT REFUNDED</u> once the test has started The above fees are subject to change