

Application to Establish Credit by Examination

Credit by examination is for **undergraduate students only.** Complete this application if you are seeking approval to earn credit by examination. Students should complete the Application to Establish Credit by Examination if you are seeking approval to earn credit by examination. The academic department establishes the requirements for the grading and administration of the examination. The grade results are <u>not</u> included on the student's record nor counted in a student's grade index (GPA). A student should discuss satisfying a course requirement with their academic advisor and then with the department head (from the department offering the exam) before applying for credit by examination. See the *Instructions, Guidelines, and Policies* page for additional information and details.

Return this form with all information and required signatures to the Office of the Registrar at Gilchrist 115 or registrar@uni.edu

| General Information | |
|--|-----------------------------------|
| Name: | UNI ID Number: |
| Phone Number: () | Major: |
| Course Details | |
| | |
| Subject Catalog # | Course Title |
| Requested Date to take the examination (by agreeme | ent with the department): |
| This application is for a repeat of the examination for this course (received a grade below a C on the previous attempt and still eligible to establish credit by examination for this course) | |
| Explanation | |
| Why are you wanting to complete Credit by Examination rather than through completing the course? | |
| | |
| | |
| What reasons do you have (i.e. previous work or other experiences) to justify this request? | |
| | |
| What special preparation have you made or will make for this Credit by Examination? | |
| what special preparation have you made or will make | e for this credit by examination: |
| | |
| Student Signature: | Date: |
| Administrative Use | |
| Department Head Recommendation: Approve: | Deny: |
| Instructor Assigned to Administer Examination: | |
| Department Head Signature: | Date: |
| College Dean's Recommendation: Approve: | Deny: |
| College Dean's Signature: | Date: |
| For Office Use Only | |
| Date Received at Office of Registrar | by |
| Date Credit by Examination Grade Reporting Form Se | ntby |

University of Northern Iowa Office of the Registrar 115 Gilchrist Hall Cedar Falls, Iowa 50614-0006

Phone: 319-273-2241 FAX: 319-273-6792 Email: registrar@uni.edu registrar.uni.edu