

APPLICATION FOR TEST CREDIT

WSU Admissions Office 1137 University Circle Ogden, UT 84408-1137

Full Name: _____ W#: _____
Signature: _____ Birthday: _____

I am requesting the following credits be posted to my WSU record:

() AP () CLEP () IB – International Baccalaureate () DSST

A \$10 non-refundable recording fee MUST be paid at the Cashier's Office BEFORE the Admissions Office will accept this form.

Return the completed form to the Admissions Office in the Student Services Center Room 201

CASHIER'S OFFICE USE ONLY

Validation of Payment:

ADMISSIONS OFFICE USE ONLY

Date form was received: _____ Received by: _____
Date recorded in SHATRNS: _____ Recorded by: _____