



APPLICATION FOR CREDIT – Special Examination

Approved Supplemental Page

Instructions:

1. This page will not be accepted without the completed first page.
2. Signatures from the student and Department Chair are required on both pages.

Course Information

Subject/Course #	Course Title	Cr. Hrs.	Credit Awarded	No Credit Awarded	Exam Fee	Recording Fee (\$10 / course)
Total						

Dept. Chair Name (print): _____ Date: _____

Dept. Chair Signature: _____ Date: _____

Student Signature: _____ Date: _____