



Credit By Examination

Student Information

Name _____
Last First MI

Address _____
City State Zip

Student ID# _____ Email _____

Birthdate _____ Telephone _____

Student Signature _____ Date _____

Student is responsible for submitting this form and following up with the department representative.

If the Credit by Examination course or its equivalent was taken here or at another institution, the Credit by Examination score will not be used and all fees paid are forfeited and non-refundable.

Student Academic Status

Currently Enrolled? Yes/No **Probation or Dismissal? Yes/No** **Units at LBCC** _____

Academic Administrative Assistant Signature Date

Department Review

Course Number and Title _____ Units _____

Recommend/Not Recommended Approved/Disapproved 12 unit Exception Approved/Disapproved

Department Head Signature Instructional Dean Signature V.P. Academic Affairs Signature

If approved, student must submit fees to the Cashier's Office prior to taking exam. Credit by Examination fees are the current fees per credit unit.

Cashier's Office

Amount Paid _____ Staff Initial _____ Date _____ Receipt No. _____

Exam Results

The exam was conducted by _____ Grade _____ Units _____ Exam Date _____

Department Head Signature Instructional Dean Signature

Academic Department must forward exam results to Records Office

Records Office Use Only: Grade Entered _____ Student Notified _____
Date _____ Staff Initial _____