



# Credit By Examination

## Student Information

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
City State Zip

VIKING 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

**LBCC Office Use Only**

Currently Enrolled? Yes/No      Probation or Dismissal? Yes/No      Units at LBCC \_\_\_\_\_

\_\_\_\_\_  
Academic Administrative Assistant Signature      Date

## Department Review

**LBCC Office Use Only**

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

**LBCC Office Use Only**

Amount Paid \_\_\_\_\_ Staff Initial \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

## Exam Results

**LBCC Office Use Only**

The exam was conducted by \_\_\_\_\_ Grade \_\_\_\_\_ Units \_\_\_\_\_ Exam Date \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature      Instructional Dean Signature

**Academic Department must forward exam results to Records Office**

**LBCC Office Use Only**

**Records Office Use Only:** Grade Entered \_\_\_\_\_ Student Notified \_\_\_\_\_  
Date \_\_\_\_\_ Staff Initial \_\_\_\_\_