

Student Application CREDIT BY EXAMINATION

I am requesting credit by examination in the course noted below. I understand the review is dependent upon the agreement of the school and the department to prepare an examination for alternative credit in the course indicated. Registration for alternative

Last Name	First Name M. I.	Student Identification	Student Identification Number	
I am requesting an ex	camination for credit in th	e following course:		
PREFIX & NUMBER	COURSE TITLE	CREDIT HOURS	TERM/YEA	
I understand that if n	ny request is accepted, I w	rill be responsible for payme	nt of the	
designated fees accor	ding to University policy a	as approved for the term cre	dit is	
approved.				
Student's Signature		I	Pate	
Approval of Advis	or:			
I have reviewed the a	bove request and confirm	the student may satisfy spec	cific	
requirements for a major in with the request		ed credit by		
examination. (Note: A	Alternative credit is assign	ned as "Pass" only. If a requi	rement	
includes a minimum	grade, this should be indic	cated on the comments secti	on below as it	
will not be evident on	the transcript.)			
Comments				

registrar@uab.edu