GRADUATE SCHOOL APPROVAL FORM

MASTER’S LEVEL CREDITING EXAMINATION OR COMPETENCY EXAMINATION

Directions: Complete this form and secure the required authorizing signatures from your program coordinator or doctoral program adviser and the Dean of Graduate Studies. Take the signed form to the Business Office along with the fee of $300.00. The receipted form will be completed by the examiner following the examination.

PLEASE PRINT ALL INFORMATION

NAME: _________________________________ SS# or ID# _______________________

ADDRESS: ______________________________ DATE of BIRTH __________________

______________________________ TODAY’S DATE _________________

REQUEST CREDIT EXAMINATION IN: ___________________________________________

Subject Area/Course Number and Title

___________________________________________________________________________

THIS SPACE FOR OFFICE USE ONLY

APPROVAL OF: _____________________________ DATE____________________

Program Coordinator/Director

______________________________ DATE____________________

Dean of Graduate Studies

Examination to be prepared by: ___________________________________________________

Examination given by: _________________________________ DATE____________________

FEE PAID ON_____________________ STAFF INITIALS: _________

___________________________________________________________________________

THIS SPACE IS TO BE USED FOR EXAMINER’S REPORT

I certify that the above person has taken the Competency/Credit Examination in:

_______________________ and I recommend _____credit be granted for the course/examination.

Subject Area/Crs # and Title

_____ credit is denied for the course/examination.

SIGNATURE OF THE EXAMINER ____________________________DATE______________

___________________________________________________________________________

RETURN THE COMPLETED FORM TO THE OFFICE OF THE PROVOST

OFFICE OF THE PROVOST___________OFFICE OF THE REGISTRAR_______________

Rev. 12/00