

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 _____