

UNIVERSITY OF LOUISIANA AT LAFAYETTE  
Lafayette, Louisiana

# APPLICATION FOR CREDIT EXAMINATION

Date \_\_\_\_\_ 20 \_\_\_\_\_

To the Dean of the College of \_\_\_\_\_:  
I respectfully request that I be permitted to take a credit examination in

DEPARTMENT	COURSE NO.	DESCRIPTIVE TITLE	CREDIT
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This application is based upon the following training and/or experience:

\_\_\_\_\_  
\_\_\_\_\_

Printed Name \_\_\_\_\_

Local Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Student No. \_\_\_\_\_

Signature \_\_\_\_\_

### Exam Request Approved:

Date \_\_\_\_\_ 20 \_\_\_\_\_

Dean of the College of \_\_\_\_\_  
STUDENT'S ACADEMIC DEAN

### Exam Approved:

Date \_\_\_\_\_ 20 \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

Dean, College of \_\_\_\_\_ Head, Department of \_\_\_\_\_

### Pay Fee:

Fee Assessment (\$50.00 per credit hour) \$ \_\_\_\_\_  
AMOUNT

Date \_\_\_\_\_ 20 \_\_\_\_\_  
BUSINESS OFFICE

### Report of Examination:

DEPARTMENT	COURSE NO.	CREDIT	GRADE (S OR U)
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Date \_\_\_\_\_ 20 \_\_\_\_\_  
EXAMINING INSTRUCTOR

**This form is to be returned to the Office of the Registrar for either a grade of S or U. Only grades of S will be posted to the student's permanent record.**

Date Recorded \_\_\_\_\_ 20 \_\_\_\_\_ Initials \_\_\_\_\_

REGISTRAR: WHITE

DEAN: YELLOW

STUDENT: PINK