

Office of the University Registrar

25 University Avenue, West Chester, PA 19383

Ph: 610-436-3541 Fx: 610-436-2370 registrar@wcupa.edu transfercredits@wcupa.edu www.wcupa.edu/registrar

WCU ID#		
	Required	_

CREDIT BY EXAMINATION

<u>Instructions:</u> Please refer to the Undergraduate Catalog for policy regarding Credit by Examination. Complete all information and obtain the needed approvals. Once approvals are granted, you will need to pay for the Credit by Examination at the Office of the Bursar. The fee is equivalent to the cost of a CLEP exam. This form will not be processed until payment has been made and the Bursar's Office stamps below. Return completed form, with payment receipt, to the Registrar's Office for processing **before the end of the Drop/Add period.**

Term: ☐ Fall ☐ Winter (Year) (Year)				
Student Name:	Phone:			
Major:	_			
Student's Signature (required):		Date:		
To be completed by faculty member/departm	ent chair:			
Subject area:Catalog number: Section:				
Course Title: Credits/Units:				
The department offering the course must create the course and section as Credit-By-Exam.				
Evaluation Procedures:				
Instructor's Signature:	Date:			
EXAM SHOULD NOT BE ADMINISTERED UNTIL FACULTY MEMBER HAS RECEIVED A FULLY AUTHORIZED COPY OF THIS FORM.				
☐ APPROVED Department Chairperson:				
		Date		
☐ APPROVED Dean of College:				
		Date		
Authorization Stamp - Office of the Bursar:	Authoriz	ation Stamp - Office of the Registrar:		
Office Use Only				
	Date:			