Carson-Newman University

REQUEST/AUTHORIZATION FOR DEPARTMENTAL EXAM

Name_________________________________________________________Student Number_________

Subject______________________________Title_____________________________________________

Semester______________________Course Number___________Proposed credit hour(s) __________

State reason for requesting an examination with any supporting evidence that demonstrates achievement in the subject. Attach copies of academic or scholarship records, military, business, or industrial training records, or other documents.

Student Signature________________________________________________________Date_________

Approvals

Program Coordinator or Department Chair _________________________________Date_________

Instructor assigned to administer examination_______________________________________________

*Student Accounts Office____________________________________________________Date_________

*Indicates payment has been made - $10.00 per semester hour
(See departmental form for nursing fees)

Note: After payment has been made, present this authorization to the instructor for administration of the examination. The instructor must return this form to the Registrar with a recommendation indicated below. The student will be advised concerning results of the exam and, if approved, credit will be posted to the student’s record by the Office of the Registrar upon receipt of payment from the Student Accounts Office of $10.00 per credit hour.

Recommendation

☐ APPROVED Credit totaling _______ semester hour(s) Grade__________
(A, B, C, D or S)

☐ No Credit

Instructor Signature________________________________________________________Date_________