

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 _____