

CARSON-NEWMAN UNIVERSITY
REQUEST FOR FOREIGN LANGUAGE CREDIT BY EXAM

Name _____ Student number _____

Approval to Grant Credit for:

Subject _____ Course number(s) _____

Grade _____ Semester Hours _____

Explanation:

Signature of Student _____ Date _____

Signature of faculty who administered the exam _____ Date _____

Signature of Foreign Language Department Chair _____ Date _____

Please take this form to the Student Accounts Office, 1st floor Fite building.

Fee is 10.00 *per* credit hour for credit by exam.

Treasurer's approval _____ Amount Received _____ Date _____

After payment is made, take this form to the Office of the Registrar (2nd floor Fite) for processing:

Date received by the Registrar's Office _____ By _____

Note: after payment has been made, the student must take a copy of the receipt to the chair of foreign languages to be files.