FORM

APPLICATION AND CERTIFICATION FOR CREDIT BY DEPARTMENTAL EXAMINATION, AUTHORIZATION BALL STATE UNIVERSITY MUNCIE, IN 47306

INSTRUCTIONS

Parts 1 through 4 of this form should be completed by the student. The remaining part of the form is completed by the department examiner and department chair. Following the completion of the examination, the examiner gives the form to the head of the department for authorization. This form can be used ONLY for undergraduate credit. (Type or use black ink)

tion, complete the for the following Course No.	C	Credit Hours
for the following	course:	Credit Hours
•		Credit Hours
ation, complete the	e following:	
for the following Course No.	course: <u>Course Title</u>	Credit Hours
	I for the following	ation, complete the following: I for the following course: Course No. Course Title

The request for credit authorization is based upon test scores, work experiences, or other independent study. The student should indicate on an attached sheet the activities that provide a basis for requesting credit. Use one form per course. If credit for more than one course is being requested, a single attached rationale can accompany more than one course request form.

4. This form, with the required signatures, has been presented to the bursar and a non-refundable fee has been deposited to cover the cost of the examination. The fee receipt is attached and will be presented to the examiner along with this form. The examination will be completed within the current semester. (The fee is not required for credit by departmental authorization)
I hereby certify that with the granting of this credit, I will not exceed 63 credit hours earned by advanced placement examination, College Level Examination Program, military service, or credit by departmental examination and authorization, and that the above course does not duplicate any course for which I have been enrolled or am now enrolled for credit or audit nor have I repeated this examination within a year. I

understand credit earned through authorization cannot count towards meeting the

senior year residency requirement nor will a grade be recorded.

Student Signature Date THIS PORTION TO BE COMPLETED BY EXAMINER AND DEPARTMENT CHAIR I hereby authorize the following: does NOT qualify for any credit. qualifies for credit by Departmental Authorization. qualifies for credit by Departmental Examination. Examiner Date Department Chair Date Forward to the Office of University Core Curriculum - NO 331 (this is in University College) THIS SECTION FOR RECORDS Initial Date (Assistant Provost) Input Initial Date

Copies to: Student

Department Chair Records (original)