SVSU SAGINAW VALLEY STATE UNIVERSITY

Credit-By-Exam

Please follow the steps in the order they are listed.

1) Complete student information below.

_____   _____
Student Name   Student ID Number

_____   _____
Address: Street – City – State – Zip   Telephone Number

_____   _____   _____
Department – Course   Credits   Date

2) Take form to Department Chair and Dean for signatures.

_____   _____
Examiner Name   Exam Date

_____   _____
Department Chair Signature   Date

_____   _____
Dean Signature   Date

3) Take form to Campus Financial Service Center (Wickes Hall) for payment.

Fee Collection:

Fee: $_____ per credit, total $ _____ has been received.

_____   _____
CFCS Signature   Date

4) Leave form with Examiner.

Award Credit: ☐ Yes ☐ No   Grade: _____

_____   _____
Examiner Signature   Date

5) Examiner return to Registrar's Office.

Processed:

_____   _____
Associate Registrar   Date