

EASTERN MICHIGAN UNIVERSITY
Request for Undergraduate Credit by Examination or Validation of Credit

DATE: _____

Student Number: _____

Name _____ Phone: _____

Address: _____
Number/Street City State ZIP

Check appropriate box and complete course information:

Credit By Exam

Validation of Community/Junior College Course

EMU Course and Title: _____

Please give reason for requesting examination/validation:

.....
Permission has been granted denied for credit by examination validation for

_____ EMU Course and Title

The instructor giving the examination will be _____

Date: _____ Department Head Signature: _____

NOTE: Once permission is granted, student must take this form to Cashier's Office for Validation of Payment.

.....
The above student has passed failed a special examination on _____ in

Date

_____ EMU Course and Title

Student shall be granted _____ hours of credit

shall not

Student shall validate previous transfer credit

shall not

CASHIER'S VALIDATION

Date: _____ Instructor Signature: _____

I acknowledge receipt of above student's examination and instructor's evaluation.

Date: _____ Department Head Signature: _____

NOTE: Forward top copy to Office of Records and Registration, 303 Pierce Hall, when exam has been completed.
Keep second copy for your records.

rev: 9/99