Credit by Examination Policy:
1) No more than 30 credit hours may be earned by examination or in combination with correspondence work.
2) Credits granted through examination are considered transfer credit and may not fulfill residency requirements for any degree.
3) An exam may be attempted only twice (see #4) with a mandatory three month waiting period between each attempt.
4) The Computer Literacy exam may be attempted for credit or to demonstrate competence and may be attempted once. If taken for credit, a Challenge Exam form must be completed and a payment of 40% of the tuition is due in advance.
5) Examination credit is posted as “S” on the transcript and will not count in the grade point average statistics.
6) Credit will not be granted when the content of the exam duplicates credits previously attempted or awarded or when the student has credit for courses at a more advanced level that that of the exam.
7) Credit through exam may not be earned once a student is in his/her final semester of enrollment.

Please Print Clearly or Type

Name
Address
City/State/Zip
E-Mail Address:
Home Phone
Work Phone
Anticipated date of Graduation (semester/year)

Part II: Request Credit by Exam (Print or type) Date of Examination:

If you do not complete the exams listed below during the enrollment period indicated above, you must submit another application for subsequent approval.

If approved, the student must request test score reports be forwarded to the Registrar’s Office at UIW.

<table>
<thead>
<tr>
<th>Exam Number</th>
<th>Exam Title</th>
<th>Hours</th>
<th>Equivalent UIW Course</th>
<th>Use: (Core, Major, Minor, Elective, Etc.)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: SG 530</td>
<td>Composition I</td>
<td>3</td>
<td>ENGL 1311</td>
<td>Core</td>
<td></td>
</tr>
</tbody>
</table>

Student’s Signature ____________________________ ID ____________________________ Date ____________________________

Part III: Approval Signatures ***Will not be approved without advisor signature.***

Advisor: ___ Recommend approval ___ Does not recommend approval

Comment: ____________________________________________________________________________

Advisor’s Signature ____________________________ Date ____________________________

Registrar: ___ Approve ___ Denied

Comment: ____________________________________________________________________________

Registrar’s Signature ____________________________ Date ____________________________