

MONMOUTH UNIVERSITY
Office of Registration and Records
West Long Branch, NJ 07764
732-571-3477

APPLICATION FOR CREDIT BY EXAMINATION

Complete information in black ink.

Student Information

Name: _____ **ID:#** _____

As a regularly enrolled Monmouth University student, I request an examination covering the material of the following course:

Course code _____ Course Title _____ Credits _____

I certify that I have not taken this course or its equivalent in an accredited College or Secondary School, and I understand that if my request for this examination is approved, I must pay the established fee before taking the examination.

Student Signature

Date

Department and School Action

The above request ___has ___has not been approved. The examination will be administered by:

Professor _____ **on date** _____

Department Chair Signature

Date

School Dean Signature

Date

Bursar Action

FEES: Number of credits (_____) \$ _____

Examination Fee \$ _____

TOTAL: \$ _____

FEE paid on (Date) _____ Signature (or stamp) _____

Faculty Examiner

I certify that the above examination was administered as scheduled and that performance on the examination ___entitles ___does not entitle the above student to credit for the course.

Faculty Signature

Date

Office of Registration and Records

Record Checked _____ Credit Entered _____ Date _____ Initials _____

After completion, the Registrar's Office will place the original in the Student's file and provide copies to the student, the examining department, the student's major department, and the appropriate dean. A copy of this form will also be sent to the Asst. Provost, who by this action is authorized to process payment for the faculty examiner.