

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)

1. _____
(Last Name) (First) (Middle)

Student ID No.

2. For **Credit by Examination**, complete the following:

Credit is being requested for the following course:

<u>Department</u>	<u>Course No.</u>	<u>Course Title</u>	<u>Credit Hours</u>
_____	_____	_____	_____

3. For **Credit by Authorization**, complete the following:

Credit is being requested for the following course:

<u>Department</u>	<u>Course No.</u>	<u>Course Title</u>	<u>Credit Hours</u>
_____	_____	_____	_____

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.

X _____
 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.

X _____
 Examiner Date

X _____
 Department Chair Date

*Forward to the Office of University Core Curriculum – NQ 331
 (this is in University College)*

THIS SECTION FOR RECORDS

 Initial Date
 (Assistant Provost)

 Input Initial Date

Copies to: Student
 Department Chair
 Records (original)