

ULSTER COUNTY COMMUNITY COLLEGE

CREDIT BY EXAMINATION

NAME: _____ DATE: _____

I.D. NUMBER: _____ PHONE: _____

LOCAL ADDRESS: _____

Number of credits already earned at UCCC: _____

Cumulative average at end of the last semester you attended _____

(Check one) Full-Time Student _____ Part-Time Student _____

Program in which you are matriculated: _____

Course for which Credit by Examination is requested:

Course Number: _____ Title: _____

Semester: _____ Year _____

Reason for request of Credit by Examination: (Please furnish some evidence to support reasonableness of request such as employment in related area, independent study, service experience training, correspondence courses, or other pertinent information)

FEE TO BE PAID TO THE BURSAR'S OFFICE: \$100 PER CREDIT HOUR OR MANDATORY MINIMUM FEE OF \$75 PER COURSE (Attach Receipt)

AMOUNT ASSESSED: \$ _____ SIGNATURE _____

Final approval rest with Department to which you are applying:

Approved: _____
Department Chairperson Date

(To Be Completed By Instructor After Administration of Exam)

Date of Exam: _____ Results of Exam: _____

Exam Administered by: _____