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 STUDENT ACCOUNTS OFFICE OF $100 PER COURSE (Attach Receipt)

AMOUNT ASSESSED: $100.00 SIGNATURE ___________________________(Instructor’s Signature)

Final approval rest with Department to which you are applying:

Approved: ____________________________________ Date __________________________

Department Chairperson’s Signature __________________________ Date ________________

(To Be Completed By Instructor After Administration of Exam)

Date of Exam: __________________________ Results of Exam: __________________________

Exam Administered by: __________________________ (Instructor’s Signature)

CREXFORM (Green) 12/11/15