CLEP/DANTES/ Military Training/ Industry Training Programs REQUEST FORM

(REQUESTS SHOULD INCLUDE FORM, OFFICIAL TRANSCRIPTS/DOCUMENTATION TO SUPPORT REQUEST, AND PAYMENT AT TIME OF SUBMITTANCE TO THE REGISTRAR'S OFFICE)

Student			ID#	Date	
Program of St	tudy Goal	:			
otal current	credit ho	urs enrolled in and/orcompl	eted:		
REQUESTED (REDITS				
MATC Course(s) requesting credit in	Credit Hours	EQUIVALENT CREDIT TY Course Code – Credit/ Certific License already obtained applicable)	ation/ Institu (if Portfolio/1	COMPLETION OF CREDIT tion/ Training criteria/ Transcript / Documentation (please attach)	Charges Refer to policy 5.1.3 Credit for Prior Learning
Total Credits:			*Payment mu:	Total Amount Due: st be made prior to evaluation*	
tudent Signa	ture			Date	
For Office U	Ise Only:				
Action Take	n: O /	Approved O Denied			
CAO Signatu	ıre			Date	
Registrar Sig	gnature			Date	
Amount Pai	nount Paid\$Receipt#Date PaidStudent Accounts Coordinator				

Application for Credit by Examination

Student Name	ID#	Date					
By signing below, the student acknowledges: a) understanding the Credit by Examination procedure, b) student may apply for a maximum of 9 credit hours by examination, c) agree to pay the appropriate fee prior to taking the examination, and d) further understand that if successful on the examination, it will be transcripted as "Credit."							
Student Signature		Date					
FOR OFFICE USE ONLY							
Testing Fee Paid \$Reco	eipt#	_ Date Paid					
*Forward to Proctor							
EXAMINATION INFORMATION							
Examination Date/Time							
Location							
Proctor Signature of Completion							
*Please provide Form and Exam to Instructor for evaluation							
EVALUATION OF EXAM							
Grade/Percentage AchievedPass	s/Fail						
Instructor Signature		Date					
CAO Signature		Date					
*Turn into Registrar upon Completion							
Registrar Student Accounts							