



## **CREDIT BY EXAMINATION**

### **University of South Alabama**

### **Processing Credit By Examination**

**NOTE:** USA students may receive credit by special examination upon approval of the appropriate academic personnel. A fee of \$30.00 will be charged for each examination. In addition, the student will be charged the current course fee per hour of credit. Hours attempted will be included in determining the student's grade-point average.

1. After getting instructor's approval, student obtains Credit by Examination form from Forms area of the Registrar's Office website (<http://southalabama.edu/departments/eforms/registrar>)
2. Student completes top portion of form and takes to Chairperson of the course's department for signature.
3. Chairperson completes his/her portion and student takes to the Dean of the course's College office for signature.
4. Upon completion of Dean of the College signature, student takes to the Student Accounting office for payment.
5. Student Accounting office staff member completes their portion of the form. Student takes form to the instructor of class to be tested.
6. After exam, instructor completes his/her portion of form and forwards it to the **Registrar's Office**.
7. Registrar's Office staff member will update student's academic record. Student will be notified of updated academic record via their USA e-mail address.



# CREDIT BY EXAMINATION

## University of South Alabama

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### TO BE COMPLETED BY THE STUDENT

Date: \_\_\_\_\_ Student Number: J00 \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

#### Course For Which Credit Is Desired

Course Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Term in which examination is to be taken: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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### TO BE COMPLETED BY THE CHAIRPERSON OF THE DEPARTMENT

Date: \_\_\_\_\_ Faculty Member Supervising Exam: \_\_\_\_\_

Date Exam Will Be Administered: \_\_\_\_\_

Signature of Department Chairperson: \_\_\_\_\_

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### TO BE COMPLETED BY THE DEAN OF THE COLLEGE

Date: \_\_\_\_\_  Request Approved  Request Denied

Signature of Dean of the College: \_\_\_\_\_

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### TO BE COMPLETED BY STUDENT ACCOUNTING

Course Fee Paid: \_\_\_\_\_ Exam Fee Paid: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Signature of Student Accounting Staff: \_\_\_\_\_

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### TO BE COMPLETED BY THE INSTRUCTOR

Department and Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Date received by Registrar's Office: \_\_\_\_\_ Signature of Staff Member: \_\_\_\_\_

Updated in Banner: \_\_\_\_\_ Notification to Student: \_\_\_\_\_ Filed/Scanned in Student's Folder: \_\_\_\_\_