Student Information (all fields required):

Full Name: ___________________________ Student ID # (e.g. 000162030) ______________________
Classification: Freshman____ Sophomore____ Junior____ Senior____
Anticipated Date of Graduation: Aug____ Dec____ May____ (year) 20____
Major: ___________________________ Program/Track(s): ___________________________

VU Email Address: ___________________________ Phone: (______) ________ - ________

I find the above named student to be full time and in good academic standing.

_____________________________________________________________________________________________

OAS Signature ___________________________ Date __________

The above named student has permission of the ___________________________ Department to take an examination for credit in
_________________________ course number & title for ________ credit hours.

This will be a ______ hour exam on ____________ date at __________ o’clock in ____________ room.

Department Chair’s Name & Signature ___________________________ Date __________

Instructor’s Name & Signature ___________________________ Date __________

The above named student has paid all fees for credit by exam in this course.

Student Accounts Representative’s Name & Signature ___________________________ Date __________

The above named student presented positive identification to me and took the authorized examination.

Proctor’s Name & Signature ___________________________ Date __________

The _____________ Department recommends that the above named student be award the grade of _______ and ______ credit hours in
_________________________. course number

Department Chair’s Name & Signature ___________________________ Date __________

I accept/do not accept (circle one) the grade and credit hours earned by examination.

Student’s Name & Signature ___________________________ Date __________

Final grade will be posted on the P/F grading basis.

OAS Signature ___________________________ Date __________