

SOLANO COMMUNITY COLLEGE PETITION FOR CREDIT BY EXAMINATION

NAME

(Please press hard)

Last

First

M

SSN or SSCID#

ADDRESS

DATE OF BIRTH

PHONE #

CITY

STATE

ZIP CODE

Course in which examination is requested

Unit Value

SIGNATURE OF STUDENT

Date

Major

PREREQUISITE CHECK

DIVISION / DEPARTMENTAL ACTION

The student _____ is/_____ is not qualified through previous training and experience. The prerequisites have been met _____/waived _____. Request approved _____. Request denied for the following reason(s):

Division Dean Signature

Date

FOR OFFICE USE ONLY

ELIGIBILITY DETERMINATION

- A. Is the student currently enrolled? Yes _____ How many units? _____
- B. Does the student have a 2.0 GPA or better? Yes _____ No _____
- C. Has the student completed a minimum of 12 units at SCC or will have completed 12 units during the current semester at SCC? Yes _____ No _____
- D. The student has earned _____ units by Credit by Examination (15 unit maximum.)
- E. The student paid \$ _____ on _____. Received by: _____

According to the records in the Office of Admissions and Records, the course being challenged has not been taken for credit or previously failed. I certify the above statements are true.

Dean of Admissions and Records

Date

EXAMINATION RESULTS

Course Title

Units

GRADE

CR / NC Only

Signature of Examiner

Date

Signature of Division Dean

Date

POSTING TO RECORDS

Admissions Office Signature

Date Posted

Distribution:

OAR / White

Div Dean / Pink

Student / Yellow-Goldenrod