

**SOLANO COMMUNITY COLLEGE PETITION FOR CREDIT BY EXAMINATION**

NAME \_\_\_\_\_  
Last First M SCCID# \_\_\_\_\_  
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 Admissions and Records, the course being challenged has not been taken for credit or previously failed. I certify the above statements are true.*

\_\_\_\_\_  
*Director of Admissions and Records* \_\_\_\_\_ *Date* \_\_\_\_\_

**EXAMINATION RESULTS**

Course Title _____	Units _____	GRADE _____ P/NP Only
Signature of Examiner _____		Date _____
Signature of Division Dean _____		Date _____

**POSTING TO RECORDS**

\_\_\_\_\_  
*Admissions Office Signature* \_\_\_\_\_ *Date Posted* \_\_\_\_\_