

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

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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 in the past (15 unit maximum.)

Received by: \_\_\_\_\_

According to the records in A&R, the course being challenged has not been taken in the past for credit, or previously failed. I certify the above statements are true.

Dean, Enrollment Services or Designee Date

EXAMINATION RESULTS

Course Title Units GRADE P/NP Only

Signature of Examiner Date

Signature of Division Dean Date

POSTING TO RECORDS

A&R Office Signature Date Posted