



Seattle Pacific University

Student Academic Services
3307 Third Avenue West, Suite 113
Seattle, WA 98119-1922
(206) 281-2031 FAX (206) 281-2669

Credit by Exam

Quarter: _____ SPU ID/SSN#: _____ - _____ - _____

Last name: _____ First: _____ M: _____

Step I Course Information

I request permission to receive credit by exam in the following subject:

Subject Code: _____ Course Number: _____ Credits: _____

Title: _____

Instructor: *(please print)* _____

Student's signature: _____ Date: _____

Instructor's signature: _____ Date: _____
(Your signature means that you agree to give the exam for the above course)

Dir. of Graduate Studies: _____ Date: _____
(Graduate students only)

Step II Approval

The above student is eligible to take this Credit by Examination for the course noted above:

Subject code/Course: _____ Title: _____

Credits: _____

SAS signature: _____ Date: _____

Step III Financial Services

Exam fee of: _____ Charged/Receipt: _____ Tuition fee of: _____ Charged/Receipt: _____

Exam fee of: _____ Paid/Receipt: _____ Tuition fee of: _____ Paid/Receipt: _____

SFS signature: _____ Date: _____

Step IV Registration for course

CRN: _____ Subject code: _____ Course Number: _____ Credits: _____

Title: _____

SAS Signature: _____ Date: _____