



# Seattle Pacific UNIVERSITY

Student Academic Services

## Credit by Exam

### STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Social Security # or SPU ID #: \_\_\_\_\_ Quarter and Year of Request: \_\_\_\_\_

### COURSE INFORMATION

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

Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

### REQUIRED SIGNATURES

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature means that you agree to give the exam for the above course*

Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

*Graduate students only*

### APPROVAL

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

Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Title: \_\_\_\_\_

SAS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_

### COURSE REGISTRATION

CRN: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Title: \_\_\_\_\_

SAS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student retains a copy for their own records and turns in a separate copy to SAS in Demaray 151*