



REQUEST TO TAKE SPECIAL EXAM

The opportunity to take a special exam is limited to students enrolled for residence credits. No grade may be raised or repeated by such an examination. Secure the signatures indicated below in the order of their number. The Cashier's Office will sign only upon receipt of the special examination fee. The fee for a special examination is \$25.00 per credit. After all signatures have been secured, present this form to the instructor administering the examination. Grades for special exams are normally recorded within 3-4 weeks following the date of the exam.

SSN or Student ID No.

Name (Last, First, MI)

I request to take a special examination in _____ for _____
(Specify Dept. & Course No.) (Specify No.)

semester hours, on or before _____
(Specify Date)

SIGNATURES:

1. _____
Instructor
2. _____
Department Chair
3. _____
Deans Office
4. _____
Cashier's Office
5. _____
Records Office

INSTRUCTOR USE ONLY

Grade _____ Number of Credits _____ Date of Exam _____

Signature of Instructor

DEANS OFFICE

Faculty payment request (to Dean's office): Please pay _____
(Faculty member)
for Assessment of Prior Learning, from cost center _____.

(Signature)

(Date)

RECORDS OFFICE USE ONLY

Date Processed: _____ Course ID: _____ Payment Amount: _____ Initials: _____