

Wichita State University
Office of the Registrar

Departmental Credit by Examination

This form is used for students that demonstrate sufficient knowledge of a college course by taking a departmental exam. The department will recommend credit after the exam has been taken. The exam may only be taken once. For more information, visit www.wichita.edu/departmentalexam

Student Name: _____ WSU ID: _____

Student Email: _____ Date: _____

The above named student has completed the following credit by examination(s) or credential requirements. The Office of the Registrar is authorized to review this application in terms of the student's record to date and post the credit due.

Department	Course Number	Credit Hours	Credit Recommended?	
			Yes	No

Instructor Administering Exam:

Name: _____

Title: _____

Date: _____

Signature: _____

Credit by Exam Program Coordinator:

Name: _____

Title: _____

Date: _____

Signature: _____

Send completed form to academic.records@wichita.edu