

Wichita State University
Office of the Registrar

Retroactive Credit Validated by a WSU Course

This form is used to authorize credit for a lower level course, after a WSU course of a higher level has been completed. See www.wichita.edu/CPL

Name: _____ WSU ID: _____

Email Address: _____ Phone: _____

To be completed by the College Advising Center:

Validation Course(s) Taken at WSU:					
Department	Course	Credit Hours	CRN	Semester Taken	Grade Earned

Course(s) Eligible for Retroactive Credit				
Department	Course	Credit Hours	Retroactive Credit Requested?	Fee of \$50/Course (if applicable)

If applicable, my signature below verifies that I consent to being charged a fee of \$50 per course of Retroactive Credit, and that I have never taken the course(s) above at any other institution. If the latter is proven otherwise, I realize that I may forfeit both my money and/or the credit for the course.

Student Signature: _____ Date: _____

Memo to the Registrar's Office:

Post as Credit by Exam:		
Department	Course	Credit Hours

Advising Center Director: _____ Date: _____

Send completed form to academic.records@wichita.edu

Office of the Registrar
May 2025