

## CREDIT FOR PRIOR LEARNING DEPARTMENT CREDIT BY EXAMINATION

(one form per course request)

STUDENT INFORMATION			
Student Name:		Student ID#:	
Mailing Address:			
City:	State:	Zip:	
Email Address:		Phone Number:	

## **Department Credit by Examination Policy:**

- Students must be currently enrolled in a credit course at Gate Way Community College
- Credit awarded through Department Credit by Examination does not count as hours in residence for graduation requirements
- No more than 20 semester credit hours may be applied to AGEC
- Students may be awarded no more than 45 credit hours, unless required by specific program
- Students may not request the examination of a course a second time
- Students may not request the examination of a course while currently enrolled in the course
- Students may not request the examination to establish credit in a previously completed course
- Student may not request the examination to establish credit for a lower lever of a course in which credit has been received
- Fees are not refundable after the examination has been administered, regardless of results
- Only grades of A,B,C,D,P earned as a result of this examination will be recorded on the transcript
- Credit by Examination is transferable to other MCCCD colleges but not necessarily to other colleges/universities

## STEP 1: ADMISSIONS, REGISTRATION AND RECORDS AUTHORIZATION

Subject Code	Course Title	Sem Credits
Course:		
Justification:		J
&R Personnel:	Date	e:
ivision Chair or Designee:	Date	e:
TEP 2: CASHIER OFFICE – PA	Y APPROPRIATE FEE	
Fee: \$	Paid Date:	
certify that I have tested and graded the	TD GRADING – DO NOT GIVE THIS FORM BAC above student for the above course (also noted below) and h	
	y me on: for course: (Subsued to this student is:	oject Code/Course Title)
Instructor Signature:	D	oate:
TEP 4: RETURN FORM TO TH	E ADMISSIONS, REGISTRATION AND RECOR	RDS OFFICE FOR POSTING
Credits Posted:	Signature:	Date:
Cradits not Postad	Signatura	Data