



Student Name (please print)	ID Number	
Course for which you request credit by verification () :		
Course Prefix	Course Number	Course Title
I request credit by verification for the above course.		
Student's Signature		Date

_____ 1. This is to certify that the above named student was examined and is entitled to receive credit, with the grade of "CR," in the following course:

Course Prefix	Course Number	Course Title	Semester Hrs.
_____ 2. The above named student did not earn credit by verification.			
_____ Instructor's Signature			_____ Date

Chair's Signature	Date
Dean's Signature	Date

Recorded _____