JACKSON COLLEGE

Credit by Examination

This form is for a student requesting to be awarded credit for a prior learning experience.
THIS DOCUMENT DOES NOT GUARANTEE THAT YOU HAVE MET ALL GRADUATION REQUIREMENTS!
PLEASE CHECK WITH YOUR STUDENT SUCCESS NAVIGATOR.

Name _____ Student ID Number _____

Address _____ Degree/Cert _____

City _____ State _____ Zip _____ Catalog of Entry _____

Phone _____ ☐ Cell ☐ Home

Initiated By _____ Ext. _____ Date _____

Listed below are the Course credits requested to be awarded via the Credit by Examination process.
ALL DEFICIENCIES MUST BE ADDRESSED!

Requested courses to be credited:

Course Prefix and Number: _____ Course Name: _____ Credits Earned: _____

Date of Examination: _____ Grade of Examination: _____

I have reviewed the above request for the course listed for the degree/certificate, and agree/disagree.

☐ Agree ☐ Disagree
Reason: _____

_____

_____

_____

_____
Department Chair of Program Date

☐ Agree ☐ Disagree
Reason: _____

_____

_____

_____

_____
Department Chair of Course Date

I agree/disagree with the above decision.

☐ Agree ☐ Disagree
Reason: _____

_____

_____

_____
Academic Dean Date

☐ Agree ☐ Disagree
Reason: _____

_____

_____

_____
Registrar Date