

Departmental Validation & Credibility-Exam Form

STUDENT

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Student's Name	ID Number	Email Address
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Course Number	Course Title	Number of Credits Requested
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I have discussed this application with my academic advisor and agree to pay the fees for (pick)1
 Credit by examination ___ OR Certification & training validation ___

Student's Signature	Date	Major
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FACULTY EVALUATOR

___ Evidence of 75% or more of outcomes learned # credits approved: ___ with SP grade
 ___ Evidence of less than 75% of outcomes learned. May student resubmit ___