



**Office of the
University Registrar**
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Required

CREDIT BY EXAMINATION FORM

Instructions: Please refer to the Undergraduate Catalog for policy regarding Credit by Exam. Complete all information and obtain the needed approvals. Once approvals are granted, you will need to pay for the Credit by Exam at the Office of the Bursar. The fee is equivalent to the cost of a CLEP exam. This form will not be processed until payment has been made and the Bursar's Office stamps below. Return completed form, with payment receipt, to the Registrar's Office for processing *before the end of the Drop/Add period.*

Term: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year & Session)

Student Name: _____ Major: _____

Student's signature/Date (required): _____

To be completed by faculty member/department chair:

Subject area: _____ Catalog number: _____ Section: _____

Course Title: _____ Credits/Units: _____

The department offering the course must create the course and section as CBE.

Evaluation Procedures: _____

Instructor's Signature: _____ Date: _____

**EXAM SHOULD NOT BE ADMINISTERED UNTIL FACULTY MEMBER
HAS RECEIVED A FULLY AUTHORIZED COPY OF THIS FORM.**

*Once the exam is completed, the faculty member is to process a **Grade Action Form**. The Office of the Registrar will record the corresponding grade on the student's transcript only if a fully authorized copy of this form has been placed on file in that office.*

APPROVED Department Chairperson: _____ date

APPROVED Dean of College: _____ date

Authorization Office of the Bursar:

Authorization Office of the Registrar:

Office Use Only

Processed by: _____ Date: _____