

CREDIT BY EXAMINATION STUDENT REQUEST FORM

Student Information

LAST NAME	FIRST NAME	STUDENT ID NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	CELL PHONE NUMBER		
COURSE TITLE	COURSE CODE	CREDIT HOURS	DATE SUBMITTED

Directions:

1. Complete the Credit by Examination—Student Request Form.
2. Pay \$50 fee at Cashier's Office at either campus.
3. Schedule a testing appointment at the South Campus Learning Center (586.445.7001 or testing@macomb.edu).
4. Submit this completed form, along with paid receipt, to test proctor on exam day.

Fee: \$50

Cashier Validation _____

For Cashier Use:
CREN/ARPA On the Spot FEE-CEXAM _____

Proctor

TEST NAME			
DATE ADMINISTERED	TEST PROCTOR		
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
SCORE:	DATE SCORE ADDED TO STUDENT RECORD	STAFF INITIALS	