

# Self-paced Courses

## Credit by Examination Request for Approval

Name \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone: (     ) \_\_\_\_\_

Birthdate \_\_\_\_\_  Male  Female

E-mail address \_\_\_\_\_

Are you registered in a degree program at any school?  Yes  No

If yes, where? \_\_\_\_\_

### Course you wish to complete by examination:

Course number \_\_\_\_\_ Course title \_\_\_\_\_

Institution offering course \_\_\_\_\_

Have you ever enrolled in this course on campus?  Yes  No

If yes, give name of school and term enrolled \_\_\_\_\_

Please attach a statement giving evidence that you are qualified to take the examination in the course listed above. Your statement should explain your experience related to the subject and the length of time each experience you submit has lasted. List books you have read (title and author), formal or informal study (explain place, instructor, subject matter, and under what auspices the study was sponsored), travel, work, or other applicable experience. Give a thorough summary of your background and explain why this background qualifies you for credit by examination.

If you have attended college, list school(s) and dates \_\_\_\_\_

\_\_\_\_\_

Fax or mail this form along with the Residency Status form to

Credit Programs for Part-time Students

CB# 1020 • The Friday Center

Chapel Hill NC 27599-1020

Fax: 919-962-5549

#### For office use only

This request is  Approved  Not Approved

Course Instructor \_\_\_\_\_ Date \_\_\_\_\_

Reasons for disapproval \_\_\_\_\_

\_\_\_\_\_

This request is  Approved  Not Approved

Student Services Representative \_\_\_\_\_ Date \_\_\_\_\_

Reasons for disapproval \_\_\_\_\_

\_\_\_\_\_

Date approval/disapproval letter mailed to student \_\_\_\_\_

Date student enrolled in Credit by Examination \_\_\_\_\_

Date examination mailed to student \_\_\_\_\_