To be completed by the STUDENT:

Name: __________________________________________________________

Requesting permission to undertake an examination for credit in the following:

Course: __________________________________________________________

Number: _________________________________________________________

Units: ____________________________________________________________

Faculty of Record: ________________________________________________

To be completed by the FACULTY OF RECORD (FOR):

Student’s knowledge of this subject may be tested by examination: □ YES □ NO

Student’s preparation for the examination appears satisfactory: □ YES □ NO

Date of Examination: ____________________________

Final Grade: __________________________________________

Signature: ________________________________________________ Date: ____________

(Faculty of Record)

Note to FOR: Please give a copy of this form to student and send original to Student Affairs.

I accept the above as the final grade for this course.

(Signature of Student)