

## REQUEST FOR CREDIT BY EXAMINATION

Students who wish to earn Credit by Examination must complete the top portion of this form; see a counselor who will verify that student meets the criteria to take Credit by Examination; obtain the approval of the instructor who is eligible to teach the course; and take the form to the Office of Admissions and Records. The student is responsible for returning to Admissions and Records to pick up the form and take it to the instructor. The form is then retained by the instructor until it is time to report if the student is to earn credit or not. Only if credit is earned will it be posted to the student's permanent academic record.

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### Part I-To be completed by student:

GCC ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_

City

State

Zip code

Phone No: (\_\_\_\_) \_\_\_\_\_ GCC Email: \_\_\_\_\_

I request to be allowed to attempt Credit by Examination in \_\_\_\_\_ units: \_\_\_\_\_

I have read the section on Credit by Examination in the college catalog and I meet the criteria. Also, I understand that I may attempt Credit by Examination in this course only once.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part II-To be completed by counselor:

I verify that this student is eligible for Credit by Examination in the course indicated. He or she has satisfied the following criteria:

The course is listed in the college catalog:	Yes	No
The course is not remedial:	Yes	No
Student has met the prerequisite(s) for the course:	Yes	No
Student is currently enrolled at GCC	Yes	No
Student is good standing (not on probation)	Yes	No
Student has not completed a more advanced class:	Yes	No
Student has completed 12 units in residency:	Yes	No

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part ID-To be completed by instructor:

I have discussed with this student Credit by Examination in this course. I believe that he or she has training and/or experience comparable to that of students who are completing the course. He or she is eligible to apply for Credit by Examination.

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part IV-To be completed by Admissions and Records:

Student has satisfactorily met the criteria as listed in the college catalog, has obtained signatures approving this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Denied or granted: \_\_\_\_\_

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### Part V-To be completed and submitted to Admissions and Records by the instructor after Credit by Examination is completed:

The student should receive: \_\_\_\_\_ Credit \_\_\_\_\_ No/Credit in this Class

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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