

# Credit by Assessment/Examination Form

Revised 8/25/2017

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OFFICE OF THE REGISTRAR

Please review the [Credit by Assessment/Examination policy \(Op3.04-14\)](#) before completing this form.

Student Name: \_\_\_\_\_ BearPass #: M \_\_\_\_\_  
Last First M.I.

Student Email Address: \_\_\_\_\_

## Description of Assessment or Exam Given:

## Course Credit Earned:

Term to Grant Credit	Course Subject	Course Number	Course Title	Credit Hours

***Submission of this form to the Office of the Registrar signifies that the student has met all necessary criteria including completion of the assessment/examination and payment of all applicable fees.***

\_\_\_\_\_  
Department Head or Designee Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY: \_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date