

**PLYMOUTH STATE UNIVERSITY**

**REQUEST for CREDIT-BY-EXAM**

Student's Name:	PSU ID:
Home Address:	HUB Suite:
Email Address:	Catalog Year:
Major/Option:	Minor:
Major/Option:	Minor:

Exam Type:	Exam Title:	Exam Score:
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Request:		
PSU Course Equivalent(s):	PSU Attribute(s):	PSU Credits:

**For PSU institutional credit-by-exam ONLY, students are required to pay a per-credit fee at the Business Office - Speare Room 113.**

Department Chair:	Date:	Approved <input type="checkbox"/>
Business Office:	Date:	Exam Fee Paid: \$ ____

Undergraduate Studies:	Date:	Approved <input type="checkbox"/>
		Not Approved <input type="checkbox"/>

Registrar copy

Student copy

Advisor copy

Chair copy

Business Office copy (6U0000 PGGNER 516Z14)