

Undergraduate Institutional Credit-by-Exam (ICBE)

Last Name		F	First Name			
Student ID		Cell Phone #				
Current Degree BA	BS	BFA	Certificate	Catalog Year		
Current Major(s)		0	ption(s)			
Current Minor(s)		C	Certificate(s)			
Important information regard (1) Exam MUST be seed (2) Form MUST be sign (3) Exam fee MUST be (4) Completed form MU posted	ored with a C or bette ned by the Departmen paid by student at St	nt Chair/Designee tudent Account Se	who administered the rvices (first floor, S	peare),	al before c	redit can be
Stop – Sections below for P Name & Department of Cha	·	•		nysical signatures is C or Better:		red. No
PSU Equivalent Course # &	z Title	Gen Ed Attribute(s)	# Cre	edits	
Chair/Designee Signature			Date			
Fee Collected (\$20/Credit)	Student Account	ts Services Signati	ure		Date	
Comments						
Decision: Approved	Denied					
Please return this form to the re	egistrar's office in Spea	are via the methods i	noted below.			
Processed by:		Date				7/2020