CASHIER STAMP

California State University, Los Angeles

Request for Permission to Receive Credit By Examination

Credit By Examination

The student must have completed at least one term at Cal State L.A., be in good scholastic standing, and enrolled in at least one other residence course during the term in which credit by examination is requested. A letter grade must be assigned to any student who contracts to take credit by examination and the grade will be posted to the academic record. A grade of Incomplete is not acceptable. Units earned by examination do not apply toward the Cal State L.A. residence requirement, are not included as part of a student's workload and are not considered by the Veterans Administration in the application of regulations. Other institutions may not allow transfer credit for such units. (See current University General Catalog for further information).

Credit By Examination Instructions

1. Obtain approval from the Professor administering the exam as well as the Chair of the Department in which the examination is to be taken.
2. Obtain a stamp by the Cashier's Office in Administration Building Room 128, verifying all required tuition and fees have been paid.
3. Submit the completed form to the Records Office in Administration Building Room 409 for processing.

Credit by Examination requests must be submitted by the end of the fifth week of the term in which the examination is to be taken. Do not enroll in the course. <u>LATE REQUESTS ARE SUBJECT TO A $25 LATE SUBMISSION FEE</u>.

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TO BE COMPLETED BY STUDENT

_______________________________ CIN _______________________________

Name (Last, First, M.I.)

_______________________________ _______________________________

Daytime Telephone Number E-mail Address

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TO BE COMPLETED BY PROFESSOR AND DEPARTMENT CHAIR

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Dept. Course # Course Title Units

_______________________________ _______________________________

Name of Dept. Chair (Please Print Clearly) Name of Professor (Please Print Clearly)

_______________________________ _______________________________

Signature of Dept. Chair Professor Employee ID#

_______________________________ _______________________________

Term Requested Signature of Professor