



RIO HONDO COLLEGE

STUDENT REQUEST FOR CREDIT BY EXAMINATION

COMPLETE Student Information and Section 1. Submit to Admissions & Records Office.
The Admissions & Records Office will forward to the Department after processing.

STUDENT INFORMATION

Student ID #: _____ Semester: _____ Date: _____
Student's Name: _____ Phone: _____
LAST FIRST M.I.
Address: _____
Email: _____

SECTION 1 – COURSE INFORMATION

I request **CREDIT BY EXAMINATION** for the following course:

Department _____ Course Number _____ Course Name _____ Units _____

I request that the evaluation of my examination be recorded on my transcript as follows:

☐ Standard Grade OR ☐ Pass / No Pass

Describe your background or training which qualifies you to request this examination (be specific):

Student _____
Signature: _____ Date: _____

NOTE: Form must be submitted to Admissions & Records Office for processing PRIOR TO sending to Department

OFFICE USE ONLY

SECTION 2 – ADMISSIONS & RECORDS OFFICE USE ONLY

_____ Student is enrolled in at least one other class	_____ Course will NOT exceed 12 units	A&R _____ Initials
_____ Student previously attempted course	_____ CWE (College Work Experience)	Date: _____

SECTION 3 – DEPARTMENT USE ONLY (Do not complete before Section 2 is completed)

The student is referred to the following
Instructor to complete requirements: _____
Print Instructor's Name

DEPARTMENT DEAN APPROVAL: _____

The student completed all course requirements by examination and is assigned the following grade:

☐ A ☐ B ☐ C ☐ D ☐ F // ☐ P ☐ NP

Instructor Approval: _____ DATE: _____

SECTION 4 – ADMISSIONS & RECORDS OFFICE USE ONLY

Semester _____ CRN _____ Denied: _____
Reason Denied

Admissions & Records Office is authorized to post grade.

POSTED BY: _____ DATE: _____
DIRECTOR,
ADMISSIONS & RECORDS: _____ DATE: _____