



## REQUEST FOR CREDIT BY CHALLENGE EXAMINATION CLEP PROGRAM

Provide all the information requested and obtain the required signatures.

### 1. Student Information

Name: \_\_\_\_\_

ID # \_\_\_\_\_

Major: \_\_\_\_\_

Class Standing: FR SO JR SR

Contact e-mail \_\_\_\_\_

### 2. Examination Information –Complete the following information about the examination requested.

This request meets the guidelines for Proficiency Examinations in the Bulletin, which includes taking the CLEP exam during the first year of residency, with the exception of foreign languages. **Please note the student will pay an exam fee directly to College Board prior to taking the exam.**

Name of exam	Course for which credit will be awarded Prefix/No. Title	Credit Hrs.
CLEP Exam or Other National Examination _____	_____	_____

\_\_\_\_\_  
Signature from the University Counseling and Testing Center

Date \_\_\_\_\_

### 3. Advisor's Signature

\_\_\_\_\_  
Signature of the Academic Advisor

Date \_\_\_\_\_

### 4. Fee Information

Recording Fee           \$ 25.00 - paid at the Southwestern Cashier window after successfully passing the exam

\_\_\_\_\_  
Signature of the Student

Date \_\_\_\_\_

This form must be submitted to the Office of the Registrar to obtain an examination permit. The Registrar will email the testing permit to the Counseling and Testing Department.