

CPCC Credit by Examination (CBE) Course Request Form

Date: _____

Student ID # _____ Term _____ Year _____

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Student Email _____ Student Phone: _____

Course Name _____ Course Prefix and Number _____ Program Name and Code _____

Rationale for Request _____

Registration Required? _____ Yes _____ X _____ No If Yes – Registration Confirmed? _____

Test Fee \$ _____ NOTE: Fees for Credit by Examination are NON-REFUNDABLE.

Program Chair Tony Emetu _____ Date _____
Print Name Signature

Division Director George Henderson _____ Date _____
Print Name Signature

GL Account #	0	1	-	3	1	9	-	0	0	-	4	9	4	9	0	0	-	3	2	5	2	6	\$
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TEST FEE PAYMENT INFORMATION
 This section to be completed by the Cashier's Office and returned to the Student

Check # _____	Amount \$ _____	Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Am Exp.	Confirmation # _____	\$ _____
Processed by _____						Date _____	

This section is to be completed by the Course Instructor and forwarded to Student Records

Test Date _____	Location _____
Calculator permitted? _____ Yes _____ No	Time In _____ Time Out _____
Test Score/Grade _____	Pass _____ Fail _____ Credits Earned _____
Test Administrator _____ <small>Print Name</small>	_____ Date _____ <small>Signature</small>
Program Chair <u>Tony Emetu</u> _____ <small>Print Name</small>	_____ Date _____ <small>Signature</small>
Division Director <u>George Henderson</u> _____ <small>Print Name</small>	_____ Date _____ <small>Signature</small>

This section is to be completed and kept on file by Student Records – ORIGINAL COPY ONLY

Processed by _____	Date _____
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