

Registrar's Office San Francisco State University 1600 Holloway Avenue San Francisco, CA 94132 Phone: (415)338-2350 Fax: (415)338-0588 Email: <u>records@sfsu.edu</u>

CREDIT BY EXAM

Request for Examination

To: Associate De From:	an of Academic Planr	ning (<u>acadplan</u>	<u>@sfsu.edu</u>)				
Last Name		First Name		SFSU ID			
SFSU Email				Phone			
1. l request course):	that an examination	be administer	red to me so that I can	qualify for credit in	(must be an approved		
Course		Title		Units			
	nt of the experience	•	-	•	(Fully indicate the nature the course – attach sheet if		
not rece tuition a	not received any previous credit for it. I understand that if I am successful in receiving credit, I will be charged tuition and fees for the course in the semester I challenge the course.						
Studen	t Signature	Da	te				
4. Email thi	s form to the Divisior	n of Undergrad	luate Education and Ac	ademic Planning at	acadplan@sfsu.edu		

before the 3rd week of the semester. Please put Credit by Exam in the subject line of the email.

Eligibility Evaluation

Denied		
Approved	Reason	
Associate Dean of Academic Planning Signature	-	Date

Report of Examination

I administered a comprehensive and searching examination to this student on						
And recommenc	units of credit, with a grade of					
Course Name:						
Satisfies the follow	wing GE Area Requirement:					
Satisfies the follo	wing Major/Minor Requirement Program	:				
Major:	Minor:					
Approved:						
	Examiner(s)	Date				
Approved:						
Approved:	Department Chair	Date				
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	Associate Dean of Academic Planning	Date				