

Departmental Validation & Credit-by-Exam Form

STUDENT

Student's Name

ID Number

Email Address

Course Number

Course Title

Number of Credits Requested

I have discussed this application with my academic advisor and agree to pay the fees for (pick 1):
Credit by examination ___ OR Certification & training validation ___

Student's Signature

Date

Major

FACULTY EVALUATOR

___ Evidence of 75% or more of outcomes learned. # credits approved: ___ with S/P grade

___ Evidence of less than 75% of outcomes learned. May student resubmit? Y/N _____

Note outcomes clearly documented, the assessment method and what evidence was reviewed.

APPROVALS

Student or academic advisor sends form to department chair. Please send on to next department.

1. Evaluator (if not chair)

Date

4. Records (grades@andrews.edu)

Date

2. Department Chair

Date

(If credit towards major or off-campus course)

5. Accounts Payable

Date

3. College/School Dean

Date

Allow 30 days for approvals and entries.

FEES

Department fills in. Rates 2024-2025

(EN15) Recording fee (\$60 per credit)

\$ _____

(EAXR ___) Department admin fee (\$50 per exam; \$0 validation)

\$ _____

(_____) External/other fee:

\$ _____

Total charged to student account:

\$ _____