Seattle Pacific University

Office of the Registrar
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Seattle, WA 98119-1922
(206) 281-2031 FAX (206) 281-2669

Credit by Exam

Quarter: _____ SPU ID: _____ - _____ - _____

Last name: _____ First: _____ M: _____

Step I   Course Information

I request permission to receive credit by exam in the following subject:

Subject Code: _____ Course Number: _____ Credits: _____

Title: _____

Instructor: *(please print)* _____

Student's signature: _____ Date: _____

Instructor's signature: _____ Date: _____
(Your signature means that you agree to give the exam for the above course)

Dir. of Graduate Studies: _____ Date: _____
(Graduate students only)

Step II   Approval

The above student is eligible to take this Credit by Examination for the course noted above:

Subject code/Course: _____Title: _____

Credits:_____

OTR signature: _____Date: _____

Step III   Financial Services

Exam fee of: _____ Charged/Receipt: _____   Tuition fee of: _____ Charged/Receipt: _____

Exam fee of: _____ Paid/Receipt: _____   Tuition fee of: _____ Paid/Receipt: _____

SFS signature: _____Date: _____

Step IV   Registration for course

CRN: _____Subject code: _____ Course Number: _____ Credits: _____

Title: _____

OTR Signature: _____Date: _____