TENNESSEE TECHNOLOGICAL UNIVERSITY Cookeville, TN 38505

APPLICATION FOR CREDIT BY SPECIAL EXAMINATION

Date

Date of Exam:

1. STUDENT FILLS OUT THIS SECTION:					
TO THE ADMISSIONS AND CREDITS COMMITTEE: I hereby make application for special examination in the following subject:					
	Disc.	Course No.	Title of Course	Sem. Hrs. Credit	
BASIS FOR REQUEST: My request is based upon the following experience or training: (Use back if necessary)					
Studen	Student ID Number		Student Signature	Student Signature	
2. FACULTY ADVISOR: I recommend that the request be granted.					
Date	vate		Advisor's Signature	Advisor's Signature	
3. DEPARTMENTAL CHAIRPERSON IN WHICH THE COURSE IS OFFERED:					
I recon	nmend that the req	uest be granted and that	(INSTRUCTOR'S NAME)	be authorized to give the examination.	
Date Chairperson's signature			re		
4. RECORDS OFFICE AUTHORIZATION: (Instructor) , you are hereby authorized to give the applicant the examination described above, provided he/she presents you a receipt from the Business Office for the fee of \$20.00 per semester hour. Submit to my office (1) this application and authorization form, and (2) the receipt for the fee. Submit to your departmental chairperson's office (1) the examination questions, and (2) the applicant's answers to the questions.					
Date:	Date:		Signed: (Asst. Directo	Signed: (Asst. Director of Records & Registration)	
			TION AND ANSWERS TO DI answers and placed them on file	EPARTMENTAL CHAIRPERSON: in my office.	
Date			Dept. Chairperson's s	Dept. Chairperson's signature	
6. CO	URSE INSTRUC	TOR SENDS GRADE RI	EPORT TO OFFICE OF REC	ORDS:	
I have given to (applicant) papers to the proper offices.			the examination authorized above, and I have submitted the necessary		
Disc.	Course No.	Title of Course	Sem. Hrs Credit	Grade	

Course Instructor's Signature