

## UNIVERSITY OF CALIFORNIA, MERCED Office of the Registrar

**Credit by Examination** 

 $5200\ N.$  Lake Rd., Merced, CA 95344 / Phone: (209) 228-7178 / <code>registrar.ucmerced.edu</code>

Complete all information and sign your request. Submit this form to your academic advisor. Incomplete forms will be returned.

<b>Personal Information</b>	☐ Undergraduate	☐ Graduate	UCM ID Number	
Last name	First			Middle
Phone number(s)	E-mail address			
Home Address				
City		State	Zip _	
Course/Exam Information I request credit for the:	Fall (year):	□ Spring (year): _		
For the following course: Cour	rse Subject:	Course Number:		Units/Credits:
Name of Instructor:				
I certify that I am the above nan polices regarding credit by exam		provided is accurate, a	and I have read, under	stand, and accept the instruction and
Student:			Da	nte:
	d by course instructor) subject may be tested by examinate examination appears satisfactory:		☐ Yes ☐ Yes	
Instructor:			Da	nte:
Advisor:	redit by examination and is approv		Date	owards graduation. e: te:
Office of the Registrar Use Or	nly:			
CRN Assigned:	·	г	Date Completed:	by
Student Registered on:		1	by	
Grade Assignment (to be retu	rned to and completed by course	instructor):		
Date examination was given on:		ŕ		
The student earned the grade of (che		□ Pass □ No Pass		Satisfactory Unsatisfactory
Instructor:(After completion please return to the	ne Office of the Registrar.)		Dat	e:
Keyed by:			Da	te:
Updated on 05/26/21				