



UNIVERSITY OF CALIFORNIA, MERCED
Office of the Registrar

Credit by Examination

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

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

Personal Information

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: Course Subject: Course Number: Units/Credits:

Name of Instructor:

I certify that I am the above named person, the information I have provided is accurate, and I have read, understand, and accept the instruction and policies regarding credit by examination.

Student: Date:

SECTION I (to be completed by course instructor)

The student's knowledge of this subject may be tested by examination: No Yes

The student's preparation for the examination appears satisfactory: No Yes

Instructor: Date:

SECTION II (to be completed by School)

This student is eligible to earn credit by examination and is approved to receive credit by examination for this towards graduation.

Advisor: Date:

Dean: Date:

Office of the Registrar Use Only:

CRN Assigned: Course Section #: Date Completed: by

Student Registered on: by

Grade Assignment (to be returned to and completed by course instructor):

Date examination was given on:

The student earned the grade of (choose one): Undergraduate: Pass No Pass Graduate: Satisfactory Unsatisfactory

Instructor: Date:

(After completion please return to the Office of the Registrar.)

Keyed by: Date: