

<input type="checkbox"/> Fall	Year
<input type="checkbox"/> Spring	
<input type="checkbox"/> Summer	20_____

Windward Community College  
Admissions and Records Office

**CREDIT BY EXAMINATION REQUEST FORM**

Windward Community College students who present evidence of having achieved course objectives through prior experience may apply for credit by exam or course challenge. These options are not available for all courses. Students are advised to check with individual instructors and the Department Chairperson on a course-by-course basis. Assessment could include a competency based exam or project, as determined by the academic experts.

- Student must be officially enrolled in at least one course at WCC (other than the credit by exam course) during the semester in which credit by exam is attempted
- Student must consult with WCC academic counselor
- Student must be in a declare program at WCC
- Student must submit the completed Credit by Exam form to the Admissions and Records Office prior to the end of late registration
- Student must pay in full the tuition for this Credit by Exam at the 50% prevailing tuition regardless of the outcome of the examination

STUDENT NAME: \_\_\_\_\_ UH ID: \_\_\_\_\_  
Print Last Name, First Name, Middle Initial(s)

STUDENT: I understand the above statements and requesting permissions to obtain credit by examination for the course listed below. I understand that whatever grade (CE or NCE) I receive in this examination the grade will become part of my college record. My reason for requesting credit by examination is listed below:

SUBJECT/NUMBER (e.g. HAWN 101): \_\_\_\_\_ CREDITS: \_\_\_\_\_

Reason: \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTOR: I have discussed the above request with the student and agree to examine the student for the course listed above. Upon completion of the examination, I will record the results (CE or NCE) of the examination via MyUH by the grade due date.

Instructor Name: \_\_\_\_\_  
Print Last Name, First Name, Middle Initials(s)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CRN: \_\_\_\_\_ (as assigned by VCAA)

----- FOR OFFICE USE ONLY -----

- \_\_\_\_\_ In Declared Program and registered other than Credit by Exam course
- \_\_\_\_\_ Registered for Credit by Exam course
- \_\_\_\_\_ Date and Initials
- \_\_\_\_\_ Date Copy for Business Office Residency Status: \_\_\_\_\_
- \_\_\_\_\_ Date Charges Entered by Business Office