Windward Community College
Admissions and Records Office

CREDIT BY EXAMINATION 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 permission 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. I also understand this credit by examination may affect my financial aid award and I must consult with the Financial Aid Office.

SUBJECT/NUMBER (e.g. HAW 101): ____________________________ CREDITS: ____________

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 Credit by Exam grade (CE or NCE) at the Admissions and Records Office at least by the semester grade due date.

Instructor Name: ____________________________

Print Last Name, First Name, Middle Initial(s)

Instructor’s Signature: ____________________________ Date: ____________________________

VCAA Signature: ____________________________ Date: ____________________________

---------------------------------------- CREDIT BY EXAM GRADE

☐ CE (credit earned) ____________________________ Date: ____________________________

☐ NCE (no credit earned) ____________________________ Instructor’s Signature

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

________ In Declared WCC Program ________ SFAREGS

________ Registered other WCC course ________ Charges Entered via TSAAREV

________ Date Copied to Business Office ________ Financial Aid

________ Residency Code ________ Date Notified Instructor and Student

________ Date Entered Grade in SHACRSE

WinCC A&R rev 09/27/17