



WEST LIBERTY UNIVERSITY

CREDIT BY EXAMINATION APPROVAL FORM

Date: _____

Approval is given for _____
(Student's Name) (Student I. D. No.)

to take _____ with
(Course Number and Title)

_____ by comprehensive examination for "K"
(Instructor's Name)

credit. The course will be accomplished the _____ of the _____ school year.
(Semester) (Year)

Instructor Date

Department Chairperson Date

School Dean Date

COLLEGE DEAN:

Please complete this section. If the course is not offered this semester, **do not** complete CRN number and section number. The Registrar's Office will complete these items.

CRN NO.	DEPT. ABBR.	CRS. NO.	SEC. NO.	CREDIT HRS.

RETURN THIS FORM TO THE REGISTRAR'S OFFICE

A copy of this form will be sent by the Registrar's Office to the following:

- College Dean
- Department Chairperson
- Instructor
- Student

OFFICE USE ONLY

Term Code: _____

Invoiced: _____

Input: _____

Date/Initials: _____