



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

OFFICE USE ONLY

Sign: _____

Date: _____