ODESSA COLLEGE APPLICATION FOR DEPARTMENTAL ADVANCED STANDING EXAMINATION

Student Name:	Last	First	Mic	ddle
Mailing Address:				
City:	S	State:	Zip:	
Odessa College Stude	ent ID #:	·	Phone:	
	Please Complet	te the Following Ste	eps in Order:	
1. Secure Depart	tment Chair's signatur	re:		
Department	Course #	Title of Cou	ırse	Credit Hours
2. Meet with an o	fficial in the Record's O	Office to verify eligibili	ity.	
a. Regist	rar's Signature:			
				alignment for degree plan.
11	•		•	
a. Success	s Coach's Signature:			
4. Go to the Busin	ness Office to pay the tes	sting fee: \$20.00 per co	ourse.	
a. Busines	ss Office Personnel Sign	nature:		
5. Return this com	pleted form and receip	ot to the Department	Chair and sched	lule your exam.
Date of Examination	n:	PASSED FAILI	ED Score:	Scored by:
Please read and initial each statement:				
I understand	that the maximum hours			lege is thirty (30).
I understand	that I must have complet mination before credit b	ted the number of resid	dent credit hours	• , ,
	a minimum acceptable so artment. A grade of "D"		•	l examination is
I understand that hours from credit by examination are not used in computing my GPA.				
	that department examinand only one retest will be	<u>-</u>	ssed cannot be rej	peated until six months

After the examination has been administered, program personnel will evaluate the exam. The results will be noted on the original copy of the application and forwarded to the Testing Center by the Instructor. RESULTS must be sent to the Testing Center via Campus Mail or Hand Carried by the Instructor. The Testing Center will notify both the student and the Record's Office of results.