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## APPLICATION FOR CREDIT BY EXAMINATION

Mohawk Valley Community College grants college credit by examination only to enrolled matriculated students. Please refer to the complete policy for details.

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Student Name		M#			
Permanent Home Addres	s				
Home Phone		Personal Emai	il		
Business Address					
Daytime Phone		Business Ema	Business Email		
I wish to receive credit for Course #:		Title:		_ Credit:	
Academic Center		Degree/Certific	ate Program	I	
<ul><li>I have <b>not</b> taken the course is offer program</li></ul>	d student and currents course previous ed in the current N	ently enrolled in a progra sly at MVCC	er required o	r an elective in my current ım	
Student Signature				Today's Date	
Please submit this	form to the Ass	sociate or Assistant I	Dean of you	ır Academic Center	
		OFFICE USE ONLY		]	
		ed By/Date			
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Fax (315) 792-5698 www.mvcc.edu

## STEP 1: To Be Completed by the Academic Center in Which Student is Matriculated

This course will apply to the matriculated	major:			
Course # Title		Credit		
How will the course apply? $\Box$ Major Co	ourse   Elective   General Educatio	n Course		
Notes				
Dean or Assoc/Asst Dean Signature	(Major) Center	Date		
STEP 2: To Be Completed by the	ne Academic Center in which the	Course is Housed		
Course # Title		Credit		
Assigned Faculty Mentor				
Notes				
Dean or Assoc/Asst Dean Signature	Center	Date		
STEP 3: To Be Completed by the	ne Faculty Mentor (Initial Plan)			
I have received the Credit by Examination	Application and the student has agree	ed to complete this plan by		
(Due Date)				
Comments				
Faculty Mentor Signature		Date		
STEP 4: To Be Completed by the	ne Business Office			
Course # Title		Credit		
Paid Amount				
Rucinoss Office Varification		Dato		



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Dean or Assoc/Asst Dean Signature

## APPLICATION FOR CREDIT BY EXAMINATION

Date

To Be Completed by the Faculty Mentor (Examination Results) **STEP 5**: I have completed the credit by examination review. The result is: □ Pass ☐ Fail Comments \_\_\_\_\_ **Faculty Mentor Signature** Date STEP 6: To Be Completed by the Academic Center in which the Course is Housed I acknowledge receipt of faculty work and award credit hours for Dean or Assoc/Asst Dean Signature Center Date To Be Completed by the Academic Center in which Student is Matriculated **STEP 7**: I acknowledge receipt of notification of credit awarded (or denied).

Please return this completed form to Rosemary Spetka, Registrar, PH 140.

Center

OFFICE OF RECORDS AND REGISTRATION USE ONLY
Received By/Date Posted By/Date Major Center Notified/Date Student Notified/Date