

**BERRY COLLEGE
REQUEST FOR CREDIT BY EXAMINATION**

NAME _____ Student Number _____ Campus Box _____
(Please print or type.)

Specific course examination requested: _____

Credit hours of course: _____ Date of Request: _____

Signature of Student: _____

Required Approval

Advisor _____

Instructor (Examiner)

OR

Language Laboratory Director* _____

Dean of School offering course

Provost _____

Please make payment of \$ _____ to the Business Office, and take the receipt and this form with you to your examination appointment. *[Does not apply to SOAR examinations]*

*If you are seeking credit for a foreign-language course and you completed the foreign-language placement examination during a SOAR session, please make payment of \$ _____ to the Business Office and take the receipt to the Director of the Foreign-Language Lab. **Application for foreign-language credit must be completed during the semester immediately following the SOAR examination.**

To be completed by Business Office: Fee Paid _____ Date _____

To be completed by the Examiner or Language Lab Director:

Examination Passed _____ Examination Failed _____ Date _____

Signature of Examiner or Director

Examiner or Director: Please return signed form with results to the Registrar immediately.