



OFFICE OF THE REGISTRAR

Special Examination Request and Grade Report

(Student MUST be enrolled in the current term in order to take exam and must not have had the course previously for credit)

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

requests permission to take a special examination in \_\_\_\_\_

Department

Subject Course # Course Title Credit Hours

Department Chair Approval

Name of Instructor Administering Exam

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THE FEE FOR A SPECIAL EXAMINATION IS \$25.00 PER SEMESTER HOUR OF CREDIT. THIS FEE MUST BE PAID BEFORE THE EXAMINATION IS ADMINISTERED.

\$\_\_\_\_\_ paid for above examination.

Office of the Registrar

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Date \_\_\_\_\_

\_\_\_\_\_ took a special examination on \_\_\_\_\_

Student's Name

Date

Department Subject Course # Course Title Credit Hours

and made the grade of \_\_\_\_\_.

Instructor

EXAMINER WILL PLEASE FILE THIS REPORT WITH THE OFFICE OF THE REGISTRAR.