

Request for Credit by Special Exam

Separate Form Required for Each Exam

Student Section

Student Name _____
First Middle Last

Student ID Number **OR** SSN# _____ Home College _____ Date _____

Are you currently enrolled? Yes No Are you currently enrolled in course you want credit for? Yes No

Reason for requesting examination: _____

NOTE: Examinations are course specific and charges are separate from regular tuition charges. Charges are non-refundable and are payable in full at the time the exam is scheduled. All special examinations for credit shall be graded on a Pass-Fail basis. A failure shall not be recorded on the student's official record. A copy of this form shall be filed in the student's folder in the Records Office regardless of pass or fail. Credit awarded by special examination shall be counted as residence but shall not count as part of the student's academic load for the semester. A student currently enrolled in a class who successfully completes a special examination shall be removed from the official class roll after the granting of credit. A course taken for a grade cannot be repeated by credit by special exam.

Student Signature: _____

College Section (to be filled out by appropriate offices)

Instructor/Division Chair/Academic Dean

Course Title _____ Course #: _____

Credit Hours _____ Scheduled Exam Date/location _____ Student notified? Yes No

Signature _____

Signature _____

Signature _____

(College determines needed signatures)

Business Office/Registrar's Office/Assessment Center

Fee Assessed \$20 (written exam) \$40 (practical exam) Payment Received Yes No Date _____

Signature: _____

Examination should not be administered unless Business Office section (above) has been completed.

Test Administrator/Instructor

Type of Exam Written Exam (\$20) Practical Exam (\$40) Actual Exam Date _____

Grade Pass Fail Amount of credit awarded _____

Signature _____

Registrar's Office

Plan _____ Student removed from roster, if currently enrolled. Y

Date credit awarded _____ Date Student Notified _____

NOTE: Term of credit award is inferred from date application submitted.

I certify that upon instruction of the Division Chair/Academic Dean, I have recorded credit, where appropriate, for the above named student.

Signature _____



Special Exam Process

(formerly known as STEP Credit)

- Student:** Fill out “**Student Section**”, then take this form to the Appropriate Instructor.
- Appropriate Instructor:**
 - A: Fill out “College Section”
 - B. Email the exam to el-testing@kctcs.edu.
(If the exam is practical, email the AC when & where the exam will be administered)
 - C. Forward this form to Division Chair for signature.
- Division Chair:** Sign this form - forward to Provost
- Provost:** Sign this form - forward to Assessment Center
- Assessment Center:**
 - A. When the AC has this form and the exam, the student will take the exam during Testing Hours (see below).
 - B. Student pays the exam fee on the day of test.
 - C. Email the completed exam to the instructor for grading.
- Instructor:** After grading the exam, complete “Test Administrator/Instructor” section then email the form to AC.
- Assessment Center:** Scan to email the completed form to the Registrar. A copy of the completed form and exam will be kept on file in the AC.
- Registrar:** enter grade and credit into PeopleSoft.

Testing Lab Hours -- Room 129 RPC		
Must have Photo ID		
Monday through Thursday	9 am - 7 pm (end at 7 pm)	Walk-in Testing
Friday	9 am only	Walk-In Testing