



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

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

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.