



3505 Arendell Street, Morehead City, NC 28557 ♦ (252) 222-6000 ♦ www.carteret.edu

CARTERET COMMUNITY COLLEGE CREDIT BY EXAMINATION REQUEST FORM

Student Name _____ Student ID Number _____

Address _____

Course/Number/Title _____

Explain qualifications and **attach evidence** for credit by examination request:

Student Signature

Date

I have interviewed the above named student and determined that:

Student exhibits evidence of proficiency to the extent that their chances of successful completion of an exam are good and that testing should proceed. Testing date is scheduled for _____(date).

Student does not exhibit evidence of proficiency to the extent that their chances of successful completion of an exam are not good, and a test should not be given. The student has been advised of my determination.

_____ was tested on _____ in
(Student Name) (Date)

_____ .
(Course Number) (Course Title)

RESULT: Passed/Numerical Score _____ Failed (student has been advised)

Faculty Signature

Date

REGISTRAR'S OFFICE USE ONLY:

Credit Awarded by _____ Date _____