APPLICATION FOR CLEP TEST CREDIT

Student Section

Full Name: ________________________________  Student #: ________________________________

Signature: ___________________________________________  Date: ________________

Note: Attach an official copy of your CLEP® scores and submit to Admissions Office

Registrar Section

<table>
<thead>
<tr>
<th>CLEP Exam Title</th>
<th>Semester Hours</th>
<th>Scaled Scores</th>
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Accepted Credit Hours

______________________________ Date: ____________________

Registrar’s Signature