Ozarks Technical Community College

CREDIT BY EXAM APPLICATION Departmental Proficiency Test

-The **Credit by Exam** (test out) procedure <u>should</u> be initiated and completed by the student prior to the start of classes each semester, but <u>must</u> be completed by the end of the third week of classes at the latest.

-The grade recorded on the transcript will be "S" which will count as hours earned but will not count in cumulative G.P.A..

Student – Fill out student information and present form to appropriate instructor.	
Student Name:	ID or SSN #
Course Requesting Departmental Proficiency Exam for:	
Student acknowledges that test-out classes are <u>not eligible</u> for Federal Student Aid (Pell Grant, Direct Loans, Federal SEOG). If a class has already been included in eligible hours of enrollment for Federal Student Aid, and the student tests out of the class, the Federal Student Aid which is relevant to enrollment for the class must be repaid. Otherwise, if Federal Student Aid has not paid, eligibility will be re-evaluated and paid according to eligible hours of enrollment.	
Student Signature:	Date:
Instructor – Initial beside appropriate fees to be assessed for the exam. Only initial boxes that apply. Give the form back to the student. The student will bring this form to the Cashier's Office.	
Student is not currently registered for the class(\$40 Transcription Fee)	Student is currently registered for the class (Student responsible for tuition and fees for course)
Exam is for a technical course(\$50 Technical Testing Fee)	
Cashier – Initial and date this form as proof of payment and give the form back to the student. The student will present the completed form to the instructor the day of the test.	
Transcription Fee and/or Technical Testing Fees marked by the instructor in the above section have been paid by the student. Cashier Initials: Date:	
Students currently registered for class and responsible for tuition and fees for course(s) as marked in the above section have been paid or have a MyPay Plan. Cashier Initials: Date:	
Instructor – Complete the section below submit this form to the appropriate Dean's Office. Once approved, the Dean's Office will forward the form to the Registrar's Office.	
The above named student HAS / HAS NOT (c	circle one) successfully met the objectives established for
following course:	Test Date:
Instructor Signature:	Date:
Dean's Signature:	Date:
Registrar's Office – Credit has been posted to transcript with "S" grade.	
Signatura	Data