

**SOUTHWESTERN ADVENTIST UNIVERSITY
REQUEST FOR CREDIT BY CHALLENGE EXAMINATION
CLEP PROGRAM**

Provide all the information requested and obtain the required signatures.

Student Information

Name: _____

ID # _____

Major: _____

Class Standing: FR SO JR SR

Contact e-mail _____

Examination Information –Complete the following information about the examination requested.

Name of exam	Course for which credit will be awarded Prefix/No. Title	CrHrs
CLEP Exam or Other National <u>Examination</u>	_____	_____

_____ Date _____

Signature from the University Counseling and Testing Center

Fee Information

Examination Fee \$ 77.00 - paid to College Board by credit card, debit card, or money order.

Testing Fee \$ 25.00 -paid at the Southwestern Cashier window

_____ Date _____

Signature of the Student

_____ Date _____

Signature of the Academic Advisor

This form and the cashier’s receipt for testing fee must be turned in to the Office of Admissions and Records to obtain an examination permit. Present the examination permit to the Counseling and Testing Center.