



## REQUEST FOR CREDIT BY CHALLENGE EXAMINATION CLEP PROGRAM

Provide all the information requested and obtain the required signatures.

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### 1. Student Information

Name: \_\_\_\_\_

ID # \_\_\_\_\_

Major: \_\_\_\_\_

Class Standing: FR SO JR SR

Contact e-mail \_\_\_\_\_

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

This request meets the guidelines for Proficiency Examinations in the Bulletin which includes taking the CLEP exam during the first year of residency, with the exception of foreign languages.

Name of exam	Course for which credit will be awarded Prefix/No. Title	Credit Hrs.
CLEP Exam or Other National Examination	_____	_____

\_\_\_\_\_

Date \_\_\_\_\_

Signature from the University Counseling and Testing Center

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### 3. Advisor's Signature

\_\_\_\_\_

Date \_\_\_\_\_

Signature of the Academic Advisor

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### 4. Fee Information

Examination Fee      \$ 80.00 - 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

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