



**Credit By Examination Registration Form (CBE)
CLEP, TECEP, DANTES**

Registrar's Office Phone: 973-290-4460 Fax: 973-290-4499

Student Information: Please Print

First Name: _____ Last Name: _____ ID#0000 _____

Program _____

I am requesting registration for:

Year _____ Term _____ Session _____

Please check one: CLEP
 TECEP
 DANTES

CBE600 Credits _____ CSE Course Equivalency _____

*****Please refer to current college catalog for applicable rates/fees*****

Approvals: (All signatures MUST be obtained before form will be processed by Registrar's Office)

Student Signature/Date: _____

Advisor Signature/Date: _____

Program Chair Signature/Date: _____

Area Chair Signature/Date: _____

Registrar's Office: Input _____ Date: _____

REG 11/16