

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

Student Information

First Name _____ Last Name _____ ID# 0000 _____

Program _____

I am requesting registration for:

Year _____ Term _____ Session _____

- Please check one:
- CLEP
 - TECEP
 - DANTES

CBE600 Credits _____ SEU Course Equivalency _____

Please refer to current academic 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 or Director Signature/Date _____

Dean Signature/Date _____

Registrar's Office: Input _____ Date _____

REG 7/20