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