

<input type="checkbox"/> Fall	Year
<input type="checkbox"/> Spring	
<input type="checkbox"/> Summer	20_____

Windward Community College  
Admissions and Records Office

## CREDIT BY EXAMINATION FORM

Windward Community College students who present evidence of having achieved course objectives through prior experience may apply for credit by exam or course challenge. These options are not available for all courses. Students are advised to check with individual instructors and the Department Chairperson on a course-by-course basis. Assessment could include a competency based exam or project, as determined by the academic experts.

- Student must be officially enrolled in at least one course at WCC (other than the credit by exam course) during the semester in which credit by exam is attempted
- Student must consult with WCC academic counselor
- Student must be in a declare program at WCC
- Student must submit the completed Credit by Exam form to the Admissions and Records Office prior to the end of late registration
- Student must pay in full the tuition for this Credit by Exam at the 50% prevailing tuition regardless of the outcome of the examination

STUDENT NAME: \_\_\_\_\_ UH ID: \_\_\_\_\_  
Print Last Name, First Name, Middle Initial(s)

STUDENT: I understand the above statements and requesting permission to obtain credit by examination for the course listed below. I understand that whatever grade (CE or NCE) I receive in this examination the grade will become part of my college record. I also understand this credit by examination may affect my financial aid award and I must consult with the Financial Aid Office.

SUBJECT/NUMBER (e.g. HAW 101): \_\_\_\_\_ CREDITS: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTOR: I have discussed the above request with the student and agree to examine the student for the course listed above. Upon completion of the examination, I will record the Credit by Exam grade (CE or NCE) at the Admissions and Records Office at least by the semester grade due date.

Instructor Name: \_\_\_\_\_  
Print Last Name, First Name, Middle Initial(s)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VCAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- CREDIT BY EXAM GRADE -----

☐ CE (credit earned) \_\_\_\_\_ Date: \_\_\_\_\_  
☐ NCE (no credit earned) \_\_\_\_\_ Instructor's Signature

----- FOR OFFICE USE ONLY -----

_____ In Declared WCC Program	_____ SFAREGS
_____ Registered other WCC course	_____ Charges Entered via TSAAREV
_____ Date Copied to Business Office	_____ Financial Aid
_____ Residency Code	_____ Date Notified Instructor and Student
	_____ Date Entered Grade in SHACRSE