



Central Louisiana Technical College

IS100.9

CREDIT BY EXAMINATION

Name: _____

Student I. D. # _____

Campus: _____

Program Major: _____

I wish to challenge the following:

Course Title/Name _____

Course No. and Prefix _____ Credit Hours: _____

Student Signature: _____ Date: ____/____/____

Instructor/Department Head: _____ Date: ____/____/____

For Official Use Only

ADMINISTRATIVE FEE PAYMENT \$ _____ Amount

Paid: Cash Check M.O. Credit Card _____

Staff I.D. _____ Date: ____/____/____

APPROVAL OF GRADE Exam Score _____ Grade _____

_____/_____/_____
Instructor Date

PROCESSING AUTHORITY

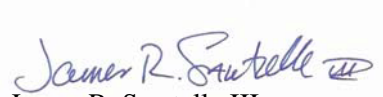
Received by: _____ Date: ____/____/____
Records Office

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
X	Student Affairs Officers	11/29/06	
X	Academic Affairs Officers	11/29/06	
X	Regional Directors	06/01/07	
X	Vice President for CTE	06/01/07	06/01/07

Policy Reference: LTC Policy IS1930.126 Credit by Examination
LTC Policy IS1930.152 Grade Symbols and Designations

Distribution: Distributed Electronically via College's Intranet
Hard Copy Distribution to Regional Directors



James R. Sawtelle III
Vice President for Career and Technical Education