

Office of the Registrar College of Southern Nevada

CREDIT BY EXAMINATION

To be completed by Student:

Student's Name _____

Student I.D. or Soc. Sec. No. _____

Address _____

City, State, Zip _____

To be completed by Instructor:

YEAR / SEMESTER	DEPT.	COURSE NO.	SECTION	COURSE TITLE
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GRADE
(P-Pass F-Fail)

CREDITS

Required Course Instructor _____ Date _____

Required Department Chair _____ Date _____

Recorder _____ Date _____

Procedure:

1. Student must complete student information.
2. Obtain instructor and department approval.
3. Pay Cashier's Office \$25.00 per course.
4. Give this form stamped by Cashier's Office to instructor.
5. Department Chair's Office returns form to Office of the Registrar.

Valid only when
stamped paid
by Cashier's Office.

SA - 47 (Rev. 8/10)

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