



Department of Special Education  
Human Services

### Credit By Exam

Name \_\_\_\_\_ ID \_\_\_\_\_

Major \_\_\_\_\_

Course Number \_\_\_\_\_

Credits \_\_\_\_\_

Date of Exam \_\_\_\_\_ Time of Exam \_\_\_\_\_

Proctor name \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Proctor Signature

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### To be completed by Department of Special Education

Verify student activity  
CEL – upload in blackboard  
Confirmation sent to student/proctor  
Graded pass/fail