

LINCOLN UNIVERSITY

PETITION FOR CREDIT BY EXAMINATION

INSTRUCTIONS:

1. Complete the student portion of the form.
2. Request an approval from the instructor and the Provost.
3. Return completed form to the Registrar's Office.

STUDENT – PLEASE PRINT

NAME: _____
Last / Family Name
First / Given
Middle

STUDENT ID: _____ SEMESTER: _____
Fall / Spring / Summer, Year

DEGREE: _____ CONCENTRATION: _____
DBA/MS/MBA/BA/BS

COURSE REQUESTED TO CHALLENGE: _____ - _____
Course Number
Course Name

PREREQUISITE COURSE TAKEN: _____ - _____
Course Number
Course Name

NAME OF THE INSTRUCTOR: _____

REASON FOR REQUESTING CREDIT BY EXAMINATION: _____

STUDENT'S SIGNATURE: _____ DATE: _____

AGREED BY: _____ DATE: _____
Instructor's Signature

APPROVED BY: _____ DATE: _____
Provost or the President's Signatur

For Office Use Only

CHALLENGED COURSE: _____ - _____
Course Number
Course Name

INSTRUCTOR'S NAME: _____ GRADE RECEIVED: _____

PROCESSED BY: _____ DATE: _____
Registrar