



3505 Arendell Street, Morehead City, NC 28557 ♦ (252) 222-6000 ♦ [www.carteret.edu](http://www.carteret.edu)

**CARTERET COMMUNITY COLLEGE  
CREDIT BY EXAMINATION REQUEST FORM**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address \_\_\_\_\_

Course/Number/Title \_\_\_\_\_

Explain qualifications and **attach evidence** for credit by examination request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

I have interviewed the above named student and determined that:

Student exhibits evidence of proficiency to the extent that their chances of successful completion of an exam are good and that testing should proceed. Testing date is scheduled for \_\_\_\_\_(date).

Student does not exhibit evidence of proficiency to the extent that their chances of successful completion of an exam are not good, and a test should not be given. The student has been advised of my determination.

\_\_\_\_\_ was tested on \_\_\_\_\_ in  
(Student Name) (Date)

\_\_\_\_\_ .  
(Course Number) (Course Title)

**RESULT:** Passed/Numerical Score \_\_\_\_\_ Failed (student has been advised)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**REGISTRAR'S OFFICE USE ONLY:**

Credit Awarded by \_\_\_\_\_ Date \_\_\_\_\_