WALKER COLLEGE OF BUSINESS
APPROVAL FORM FOR CREDIT BY EXAMINATION

Student’s Full Name____________________________________________________________________________________
                                                                                     Last                                                        First                                                             Middle
Banner ID __________________________ Major ___________________________________Email_____________________

I understand that to pursue credit by examination, I must be a candidate for a degree at Appalachian or must be working for credit for
the renewal of a teaching certificate and that credit by examination cannot be used to meet the University’s residency requirements
for graduation. The following courses must be taken in residence: the final 30 hours, 50% of all business courses (BSBA) or 18 hours of
the major (non-business majors), nine hours of the minor, 25% of the credit for the degree. Credit by exam cannot be used to meet
these residency requirements.

________________________________________________________    ________________________
Signature of Student                                             Date

ITEM BELOW TO BE FILLED OUT BY CHAIRPERSON
Approval is hereby granted for the above student to take the indicated course according to the credit by examination plan.
The original Student Accounts receipt for $50 per course has been presented to me for verification and is attached to this
form. I have inspected and approved the written examination, and I have assigned the following instructor as exam
administrator:

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>TITLE OF COURSE</th>
<th>HOURS OF CREDIT</th>
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The written examination, when completed, will be kept on file in my office.

________________________________________________________    ________________________
Signature of Department Chairperson                                            Date

ITEM BELOW TO BE FILLED OUT BY TEST ADMINISTRATOR
The student has been examined in the above course. The test results indicate the following:

_____ Student has sufficient knowledge to receive credit.

_____ Student does not have adequate knowledge to receive credit.

_________________________________________________    _________________________________    ______________
Test Administrator (printed name)                                                   Test Administrator Signature                                               Date

Signature of the Director of Undergraduate Advising (Walker College of Business)                                               Date

Following approval, the COB Advising Office will distribute copies of this form as follows:
Registrar
Director of Undergraduate Advising, Walker College of Business
Department Chairperson
Test Administrator
Student
Payroll (Student’s original receipt must accompany this copy.)  10/20/2016