SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804-1445 | **CALL:** 518.743.2279 | **FAX:** 518.832.7601 | **EMAIL:** registrar@sunyacc.edu

Request for Credit by Examination

The College may provide examinations for current students if no appropriate tests are commercially available. Only students who have registered for course challenge examinations in the Office of the Registrar are eligible for the awarding of credit. Examinations must be approved by the appropriate Division Chair. No exam may be taken for a course at a lower level if credit has been earned in a higher-level course. Credit awarded through examination is not considered residence credit and will not automatically transfer to another college. This policy can be reviewed in the SUNY Adirondack College Catalog at; http://catalog.sunyacc.edu/admissions/advancedstanding.

1. Part 1 shall be filled out by the student and submitted to the appropriate Division Chair for review and approval.
2. Once approved, the Division Chair will forward Part 2 to the Instructor. If denied, Division Chairs submit to Registrar's Office.
3. The Instructor shall submit the completed form to the Registrar's Office for processing.

Part 1: Student Request

Student Name: _____ **Banner ID:** _____

Student Email: _____ **Date:** _____

Subject, Course Number and Title (example: ENG 101 Introduction to College Writing)	Credits

Student Request Justification:

I consider myself qualified to take an examination in this course for the following reasons:

_____

_____

_____

Student Signature (required unless sent via wolfmail): _____

☐ Sent via SUNY Adirondack student email (wolfmail) account

☐ Credit by Exam webform submission: _____

Part 2: Division Chairperson Use Only

☐ Approved   The examination will be prepared, administered and evaluated by: _____

☐ Denied

Reason for denial: _____

_____

Division Chairperson Signature (required unless sent via campus email): _____

Date: _____   ☐ Sent via SUNY Adirondack email account

Part 3: Instructor Use Only

☐ Satisfactory demonstration of the required course competency on _____

☐ Unsatisfactory demonstration of the required course competency on _____

Print Instructor Name (required): _____

Instructor Signature (required unless sent via campus email): _____

Date: _____   ☐ Sent via SUNY Adirondack email account

For Registrar's Office Use Only: Initials: _____   Date processed: _____

Notes: _____

Form Updated: 6/13/2022