

Credit by Proficiency Exam Request Form

Student:

1. Complete the top section of this request form and submit to the **Enrollment Management Department 106PB** (Attention to Cindi Poole – cpoole@5549@stanly.edu) at least 30 days prior to the beginning of the semester in which the course is offered.
2. Remit a non-refundable \$25 fee per exam to SCC's Business Office if approved for the exam.
3. Present proof of payment (Business Office receipt) and photo ID at the time of exam.

Student must have an active Application for Admission on file at SCC; does not have to be registered for the course; and must provide evidence of subject capability such as similar college course experience or certifications.

**(List here or attach proof) _____

Name: _____ Student ID: _____
(First, Middle, Last)

Address: _____

Phone: _____ Email: _____

Course Prefix and Number: _____ Semester and Year: _____

Student Signature

Date (30 days prior to semester start)

Checklist for Enrollment Management Department Representative:

- _____ Student appears in Datatel with an active SCC application (Stanly Early College – contact SEC Liaison)
_____ Student has not previously attempted a Credit by Proficiency Exam for this course. (Check other grades on TSUM in
Datatel.)
_____ Student is not currently attending or has never attempted the course.

Approved: ___ Yes ___ No (Yes – to Program/Dept. Head; No- contact student)

Enrollment Management Department Representative

Date

Checklist for Program/Department Head:

- _____ Credit by Proficiency Exam is offered for the requested course. Required passing score is: _____
_____ Student has satisfied all prerequisites for the course
_____ Student has similar college course experience or certifications

Approved: ___ Yes ___ No

(Yes- contact student & Email Bus Office; No- send to Enrollment Management Department to contact student)

Program/Department Head

Date

Checklist for Exam Administrator:

Date, time, & location test will be given: _____

At time of exam:

_____ Student presented a picture ID (e.g., Driver's License).

_____ Student provided payment receipt.

Credit by Exam Earned: Yes: _____ No: _____ Numerical Score: _____

OR

Exam Administrator's Signature/Date

Program/Department Head Signature/Date

(Send form to the Enrollment Management Department representative who will enter the CBPE, contact the student, and adjust student registration if necessary.)