

Credit for Prior Learning

MINNESOTA STATE UNIVERSITY MANKATO

DATE: _____

I. TO BE COMPLETED BY STUDENT (Please fill in completely)

1. Name _____
(Please print or type)

2. Tech ID: _____

3. The description of the Minnesota State University, Mankato course for which you wish to take comprehensive examination for credit:

Dept. Name	Course #	Title	Cr. Hours

4. Description of previous background experience which justifies this request for examination for credit:

II. RECOMMENDATION FOR EXAMINATION

1. _____ Approved () Disapproved ()
(Signature of Department Chairperson)

Examination to be administered by _____ on _____
Date Hour Room

III. TO BE COMPLETED BY CASHIERS OFFICE, WA 128 (Fee of \$50.00 per credit hour)

Fee Paid \$ _____ Date _____
(Signature of Cashier)

IV. TO BE COMPLETED BY EXAMINER

_____ Pass () Fail () Credit _____
(Course examined in)

_____ Date _____
(Signature of Examiner)

_____ 8-digit Instructor ID _____
(Printed Name of Examiner)

V. APPROVED: (The Deans of Colleges and Department Chairpersons are reminded that the Curriculum Committee indicated on February 14, 1961, that credit by examination is to be given only for an extremely high level of efficiency, usually represented by a grade of A or B on the examination.)

Copy Receipt Here

Signature/Date _____
(Department Chairperson)

Signature/Date _____
Dean of College

Is Examiner to be Paid? Yes () No () Year Term _____

VI. Registrar's Office, WA 132

Signature/Date _____

Blank forms available in each Department Chairperson's Office