

Examination for Credit or Waiver

Name: _____ OSU ID #: _____
Last First Middle Initial

Subject Code _____ Course # _____ Credits _____ CRN _____ Term exam will be taken _____

Why are you requesting this exam? _____

Why do you believe you can pass this exam? _____

Exam for Waiver

Minimum grade of C required. Credit will not be granted for courses waived. See [Academic Regulation 24](#) for details.

Exam for Credit Choose grading method: S/U **OR** A-F

Grade will be posted and credit may be granted if grade is passing. See [Academic Regulation 23](#) for details and restrictions.

Student Signature _____ **Date** _____

Electronic/digital signatures will not be accepted.

Instructor Administering and Grading Exam:

Instructor's Name (printed)

Instructor's Signature

Date

Chair of Academic Department that offers course: Approve Disapprove

Chair's Signature

Date

Dean of Academic College the course is offered in: Approve Disapprove

Dean's Signature

Date

Head Advisor of Student's Academic College: Approve Disapprove

Head Advisor's Signature

Date