# DEPARTMENTAL TEST-OUT/CREDIT-BY-EXAM APPLICATION

**Name (legal name as shown in AccessPlus):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Last)** **(First) (Middle)**

**University ID (middle 9 digits):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University E-mail:**

**Test-out application for the following course:**

**Course Department (e.g. Engl) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Number (e.g. 250) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester/Term of the Exam** (e.g. Fall 2017) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below verifies that I have given correct information on this form. I have read and understand the Credit-By-Exam/Test-Out information as written in the *Iowa State Catalog* and provided by the Department. I understand that the fee of $100 for this exam will be placed on my university bill and that **I will be billed for this test even if I elect not to take it or do not pass.** If I do not report for the scheduled examination, I must initiate a new request, including the examination fee payment in order to take a future examination.

**Signature:** **Date:**

Return this completed form to the Department offering the exam. Bring your student ID to the test.

If you receive credit, a ***T*** grade will be posted at the end of the semester in which you took the exam.