

THE UNIVERSITY of NEW ORLEANS

OFFICE OF THE REGISTRAR REQUEST FOR ADVANCED STANDING CREDIT BY EXAMINATION

College _____ Year _____ Curriculum _____ Student ID # _____

Name _____
last first middle

THIS REQUEST MUST BE INITIATED IN THE OFFICE OF THE DEAN OF YOUR COLLEGE

I request permission to take an advanced standing examination in _____
course name and number

The reason for this request is _____

Student's Signature _____ Date _____

DEAN'S AND DEPARTMENT CHAIR'S APPROVAL

Approved _____ Date _____
Dean of Student's College

Approved _____ Date _____
Chair of Department Offering Course

TO BE COMPLETED BY REGISTRAR'S AND BURSAR'S OFFICES

Fee Assessed: \$ _____ Payment (RB02) received by: _____ Receipt No.: _____
name and date

Form forwarded to instructor by Registrar's Office _____ (test must be taken within 30 days of this date)
initial and date

THIS REQUEST MUST BE INITIATED IN THE OFFICE OF THE DEAN OF YOUR COLLEGE

Student successfully passed the examination and earned _____ semester hours of credit in _____
course dept. and name

Student did not successfully passed the examination.

Instructor's Name (please print) _____

Instructor's Signature _____ Date _____

TO BE COMPLETED BY REGISTRAR'S OFFICE

Credit has been added to your academic record as indicated above. Please see attached copy of your academic record.

No credit was earned; however, your attempt was logged and you are ineligible to take another advanced standing examination in this course.

By _____ Date _____

Note: To sign the form, click the appropriate signature line. You will be prompted to save the document to your computer and create an Adobe digital ID, which you will use to sign the form electronically.