



Use this form to award course credit by:

ADV EX 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

  
Term

**Exemption/Advanced Standing (No USCB fee required)**

Semester hours of advanced standing credit in certain courses may be earned on the basis of completion of higher level coursework. Restrictions are specified in the appropriate academic program section in the Undergraduate Bulletin. Credits earned under this regulation are added to **cumulative hours earned only.**

**Departmental Examination (USCB fee required)**

Enrolled students may obtain credit by examination in certain courses which they have had no class attendance or semester standing. Permission must be obtained from the Department Chair in which the course is offered. A grade of not less than B on the examination is necessary in order to receive credit for the course. Examinations are not permitted in courses in which a student previously has been enrolled regularly or as an auditor. The applicant must pay to the USCB Business Office in advance of the examination a **(non-refundable) fee of \$25 per semester hour.** The USCB Business Office will issue a receipt which must be shown to the head of the department conducting the examination, who shall immediately report the results of the examination to the Office of the Registrar. Credits earned under this regulation are added to **cumulative hours earned only.**

**Note: Do not use this form for College Board AP or CLEP credit.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**1. Subject:** \_\_\_\_\_ **Prefix:** \_\_\_\_ **Course Number:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Credit Hours Awarded:** \_\_\_\_\_ **Date Credit(s) Awarded:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Please award credit by:

Exemption/Advanced Standing

Departmental Examination (USCB fee receipt #: \_\_\_\_\_)

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPT. CHAIR:** \_\_\_\_\_ Date: \_\_\_\_\_

**2. Subject:** \_\_\_\_\_ **Prefix:** \_\_\_\_ **Course Number:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Credit Hours Awarded:** \_\_\_\_\_ **Date Credit(s) Awarded:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Please award credit by:

Exemption/Advanced Standing

Departmental Examination (USCB fee receipt #: \_\_\_\_\_)

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPT. CHAIR:** \_\_\_\_\_ Date: \_\_\_\_\_