

## Application for Advanced Approval of CLEP

1. Traditional students applying to take a CLEP test must secure prior approval from their advisor and the registrar.
2. CLEP exams must be taken prior to the semester in which the student plans to graduate.
3. You are allowed a maximum of 30 hours of credit through CLEP.
4. Credits earned through testing are pass/fail; they are not calculated into a student's GPA.
5. Failed tests may not be repeated earlier than six months from the failed test date. It is the student's responsibility to track these dates.
6. Testing must take place within one month of the application's submission date. Students who do not take the tests on their scheduled test date will be required to fill out another application with new test dates reflected.

**Complete ALL appropriate information below and submit this form to the Registrar's Office.  
Incomplete applications will be returned to the student.**

ID or SS# \_\_\_\_\_ Name (Please Print): \_\_\_\_\_ Advisor's name: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ CPO (Trad): \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This section is to be completed by the student:			Initials/Date				
CLEP	<input type="checkbox"/> Gen Ed <input type="checkbox"/> Major <input type="checkbox"/> Elective TEST TITLE	TEST DATE	Advisor	Registrar	Date	Approved	Denied
<input type="checkbox"/>	_____	____/____/20__			____/____/20__	<input type="checkbox"/>	<input type="checkbox"/>

Planned test Date: \_\_\_\_/\_\_\_\_/20\_\_      Testing Site Chosen: \_\_\_\_\_

I have read, understand and agree to comply with the above policy.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_

**Submit this completed form to the Office of Registration and Records, Lindner Tower, first floor.**

University Comments: \_\_\_\_\_

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