



Charles R. Drew University of Medicine and Science • Office of Registration & Records
1731 East 120th Street, Los Angeles, CA 90059 • Phone: (323) 563-4839

CREDIT BY EXAMINATION FORM

Student may challenge select courses by taking examinations developed at CDU. Credit shall be awarded to those who pass the examination successfully.

Last Name: _____ First: _____ MI: _____ Date: _____

Telephone No: (_____) _____ Student Email Address: _____

Program of Study: _____ Student ID: _____

EXAMINATION INFORMATION

Semester: ☐ Fall ☐ Spring ☐ Summer 20____

Examination Date: _____ Examination Time: _____

I am requesting to take the exam for: ☐ CPU 125 (2 Units) ☐ COM 131 (3 Units) ☐ COM 231 (3 Units)

Eligibility Requirements: (Complete with Advisor)

- Student is currently enrolled at CDU? ☐ Yes ☐ No
- Student has not previously attempted the course at CDU? ☐ Yes ☐ No
- Student has not previously attempted the credit by exam for the course? ☐ Yes ☐ No
- Student is in good academic standing (minimum cumulative G.P.A. of 2.00)? ☐ Yes ☐ No
- Has the student previously earned units by Credit by Exam? ☐ Yes ☐ No If Yes, How Many? _____

Maximum Credit by Exam Units: Certificate Programs: 3 Units. Associates Programs: 6 Units, Bachelors Programs: 9 Units

Student Signature _____ Date: _____

Examination Fee (\$35.00) Paid: ☐ Yes ☐ No Finance Signature: _____ Date: _____

Faculty/Department Review

Final Score: ☐ **CR:** Student has successfully passed the exam. ☐ **NCR:** Student has not passed the exam.

Equivalent Letter Grade Earned: _____

Additional comments: _____

Faculty Name: _____ Signature: _____ Date: _____

Faculty must submit final score to the Office of Registration and Records via email at registrar@cdrewu.edu

Office of Registration and Records

Final Score Posted in PC: ☐ Posted By: _____ Date: _____