ANOKA-RAMSEY
COMMUNITY COLLEGE

CREDIT BY EXAMINATION

A student able to demonstrate achievement in the content of a college-level course may receive Credit by Examination credit toward a degree under the following conditions:

- **Credit by Examination credits are approved as an 'exchange' for a course; therefore, a student may not be enrolled in or have been previously enrolled in the course.**

- **A maximum of ten semester credits may be earned at ARCC through Credit by Examination.**

- **Credit by Examination credits are excluded from ARCC's Residency Requirement. (Under this requirement, students must earn a minimum of twenty (20) credits at ARCC to earn a degree).**

- **The $50 per credit (non-refundable) fee must be paid <u>before</u> taking the Credit by Examination test.**

- **Students unsuccessful in an attempt at Credit by Examination may not retest in that course.**

- **Students receiving a grade of "C" or better on the exam will have "Credit by Examination" and the number of credits earned recorded on their transcript as transfer coursework.**

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Follow the steps below *in order and in person* to complete your Credit by Examination request.

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1. <u>Student</u> finds an <u>instructor</u> to administer test

Student Name (print) _____Student ID_____

Department _____ Course Number _____ Number of Credits _____

Name of instructor agreeing to administer the test _____

Rationale for taking the Credit by Examination _____

Signature of instructor: _____Date:_____

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2. <u>Student</u> gives to <u>Coordinator of Adult Transitions (C254)</u> (Attach a transcript before submitting)

☐ Approved   ☐ Denied   Instructional Cost Center_____

Signature of Coordinator: _____ Date: _____

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3. <u>Student</u> brings to the <u>Business Office</u>

Amount Paid in Full $_____ Business office Signature: _____Date: _____

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4. <u>Student</u> gives to <u>Instructor</u> (<u>Instructor delivers to the Records and Registration office upon completion of test</u>)

Grade Assigned _____ Instructor Name (print) _____

Instructor Signature _____ Date_____

Signature of Records office processor: _____Date:_____

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5 Human Resources: PCN: _____Record Number: _____Pay Period End Date:_____