



Pensacola State College Student ID _____	Last Name _____	First Name _____	MI _____
Address _____		City _____ State _____ Zip _____	Pirate Mail _____ @students.pensacolastate.edu
Course Information _____			
Course Number _____		Course Title _____	

STUDENT ACKNOWLEDGEMENT OF EXEMPTION EXAMINATION PROCEDURES

By my signature below, I certify and agree to the following:

- (1) I must earn 15 credits at Pensacola State College (with Pensacola State College courses) before exam credit will be posted to my transcript.
- (2) I have not attempted the Departmental Exemption Examination for this course prior to this date.
- (3) I have not earned a letter grade in this course ("A" through "F") at Pensacola State College or any other institution.
- (4) I understand that the \$40 Departmental Exemption Examination fee is non-refundable.
- (5) If I am registered in this course, I must take the exam before the end of the third week of class.
- (6) If I am registered in this course and do not pass the exam, I will remain on the roster for the class.
- (7) If appropriate, I will notify the Financial Aid Office regarding my intention to take this examination.
- (8) Earning credit by exam will not count as a course in which I am enrolled for the determination of my status for the semester.
- (9) I am responsible for presenting this form to the Cashier's Office for payment and to the Department Head for exam administration.

Signature _____ Date _____

DEPARTMENT HEAD REVIEW

☐ Approve Reason for disapproval or any other comments necessary _____
☐ Disapprove _____

Department Head Signature _____ Date _____

REGISTRAR'S OFFICE REVIEW

☐ Approve Reason for disapproval or any other comments necessary _____
☐ Disapprove _____

Registrar (or designee) Signature _____ Date _____

DEPARTMENT HEAD REPORT OF EXAMINATION RESULTS

☐ Passed
☐ Failed Date examination administered _____
☐ Exam not taken

Examiner Signature _____ Date _____

Department Head Signature _____ Date _____

NOTE: The Department Head is responsible for sending this form to the Registrar's Office. The form is not to be returned to the student once the exam has been administered and graded.

FOR REGISTRAR OFFICE USE ONLY		
<input type="checkbox"/> External Credit Posted to Student Record: _____		
<input type="checkbox"/> No credit posted to record	Course Number _____	Course Credit _____
<input type="checkbox"/> Drop with Refund	<input type="checkbox"/> Not enrolled in course	Staff Initials/Date _____