Pensacola State College Student ID

Last Name

First Name

MI

@students.pensacolastate.edu

Address

City

State

Zip

Pirate Mail

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 __________________________

[ ] Exam not taken Date examination administered __________________________

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

[ ] External Credit Posted to Student Record: __________________________ Course Number __________________________

[ ] No credit posted to record __________________________

[ ] Drop with Refund __________________________

[ ] Not enrolled in course __________________________ Staff Initials/Date __________________________

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