

# PENSACOLA STATE COLLEGE REQUEST FOR DEPARTMENTAL EXEMPTION EXAMINATION

Pensacola State College Student ID	Last Name	First Name	MI
Address	City	State    Zip	Pirate Mail <span style="float: right; font-size: small;">@students.PensacolaState.Edu</span>
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.***

<b>FOR REGISTRAR OFFICE USE ONLY</b>		
<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 _____	