THE GRADUATE SCHOOL
East Carolina University
PERMISSION FOR COURSE CREDIT BY EXAMINATION
(Prepare four copies)

________________________________________ _______________________________
Student’s Name
Department/School

To the Student:
Students seeking graduate course credit by examination should prepare four (4) copies of this form and obtain the approval (attested by signature of either the dean (if a professional school) of the chairperson (if in the College of Arts and Sciences) and the Dean of the Graduate School. The forms should then be taken to the Cashier, required fees paid and all fours forms should be validated by the Cashier.

To the Dean/Departmental Chair:
APPROVALS:

______________________________________
Dean/Chairperson
Date

______________________________________
Dean of Graduate Studies
Date

Please indicate reason for approval in the space below:
_________________________________________________________

To the Cashier:
Please validate four (4) copies, return three (3) copies to student, and forward one (1) copy to the Registrar’s Office. The student should take three (3) copies to the Examiner.

To the Instructor or Committee Administering the Examination:
The examination must be administered within one week after approval by the Dean of the Graduate School. Please distribute three (3) copies of this completed form as follows: one to the Registrar’s Office; one to the School/Department; and one to the Dean of the Graduate School.

I, ___________________________________, on ___________________________________
(Examiner) (Date)
examined _______________________________, ________________________
(Student’s Name) (ECU ID)
in ________________________________, ___________, have graded this examination and
(Course Name and Number) (Sem. Hrs.) report the grade of __________. I further certify that a copy of the completed examination has been filed in the appropriate school/departamental office for the duration of the student’s graduate program at East Carolina University.

Signature: ______________________________ Date: ______________________________