



EAST TENNESSEE STATE UNIVERSITY

OFFICE OF THE REGISTRAR

Special Examination Request and Grade Report

(Student MUST be enrolled in the current term in order to take exam)

Date _____

Student's Name

Student ID Number

requests permission to take a special examination in _____

Department

Catalog Number

Credit Hours

THE FEE FOR A SPECIAL EXAMINATION IS \$25.00 PER SEMESTER HOUR OF CREDIT.
THIS FEE MUST BE PAID BEFORE THE EXAMINATION IS ADMINISTERED.

\$_____ paid for above examination.

Office of the Registrar

Date _____

_____ took a special examination on _____

Student's Name

Date

Department

Catalog Number

Credit Hours

and made the grade of _____.

Instructor

EXAMINER WILL PLEASE FILE THIS REPORT WITH THE OFFICE OF THE REGISTRAR.