**OFFICE OF THE REGISTRAR**

**Special Examination Request and Grade Report**

(Student MUST be enrolled in the current term in order to take exam and must not have had the course previously for credit)

Date _____________________

__________________________________  ____________________________________

Student’s Name  Student ID Number

requests permission to take a special examination in _______________________________________

Department

__________________________________  ____________________  ________________

Subject  Course #  Course Title  Credit Hours

$________________ paid for above examination.

________________________________________

Office of the Registrar

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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

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Date____________________   ___________________     ______________________

____________________  ____________________   ___________________     ______________________

Department  Subject  Course #  Course Title  Credit Hours

and made the grade of ___________________.

________________________________________

Instructor

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