

FOLLOWING ARE THE MINIMUM REQUIREMENTS TO BE ELIGIBLE FOR CREDIT BY EXAMINATION:

1. REGISTRATION FOR THE SEMESTER IN WHICH THE EXAMINATION IS ADMINISTERED.
2. COMPLETION OF 12 UNITS AT CCSF WITH A G.P.A. OF 2.00 OR HIGHER. (THIS REGULATION MAY BE WAIVED UNDER SPECIAL CIRCUMSTANCES.)
3. SUBMISSION OF OFFICIAL HIGH SCHOOL AND COLLEGE TRANSCRIPTS AND ANY DOCUMENTS REQUIRED BY THE DEPARTMENT. SOME DEPARTMENTS MAY HAVE SPECIAL REQUIREMENTS OR CONDITIONS. CHECK WITH THE APPROPRIATE DEPARTMENT HEAD FOR DETAILS.
4. THE COURSE FOR WHICH THE EXAMINATION WILL BE GIVEN MUST BE ON THE APPROVED LIST FROM THE OFFICE OF INSTRUCTION.
5. THE COURSE MAY NOT BE PREREQUISITE TO ANY COURSES ALREADY TAKEN OR BEING TAKEN.
6. THE COURSE MAY NOT BE EQUIVALENT TO OR SUBSTANTIALLY THE SAME AS ANY COURSE ALREADY TAKEN OR BEING TAKEN. (SEE THE CURRENT CATALOGUE REGARDING HEALTH EDUCATION REQUIREMENTS.)
7. FAILURE TO PASS AN EXAMINATION MAY RESULT IN DENIAL OF FUTURE PETITIONS FOR CREDIT BY EXAMINATION.
8. CREDIT BY EXAMINATION APPLICABLE TO THE ASSOCIATE DEGREE IS LIMITED TO A MAXIMUM OF 45 UNITS OR THREE-QUARTERS OF THE UNITS COMPLETED AT CCSF, WHICHEVER IS LESS.
9. CREDITS EARNED THROUGH EXAMINATION ARE NOT APPLICABLE TO DETERMINATIONS OF FULL-TIME OR PART-TIME ENROLLMENT STATUS.
10. ONLY ONE COURSE IN A DIRECT SERIES MAY BE GIVEN CREDIT BY EXAMINATION. (SEE THE CURRENT COLLEGE CATALOGUE FOR SPECIFIC EXAMPLES.)

PETITION FOR CREDIT BY EXAMINATION

SECTION A - TO BE COMPLETED BY STUDENT

SEMESTER: \_\_\_\_\_

NAME: \_\_\_\_\_ ID NO.: \_\_\_\_\_

COURSE TO BE EXAMINED IN:

DEPT.: \_\_\_\_\_ COURSE NO.: \_\_\_\_\_ UNITS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

I CERTIFY THAT I HAVE SATISFIED THE REQUIREMENTS LISTED ON THE REVERSE OF THIS SHEET.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION B - TO BE COMPLETED BY OFFICE OF ADMISSIONS AND RECORDS

REG.: \_\_\_\_\_ 12/2.00 \_\_\_\_\_ TRANS.: \_\_\_\_\_

ADV. CRS.: \_\_\_\_\_ DUP. CRS.: \_\_\_\_\_ PREV. EXAM.: \_\_\_\_\_ ELGBL. CRS.: \_\_\_\_\_

APPROVAL: YES \_\_\_\_\_ NO \_\_\_\_\_ (IF NO, GIVE REASONS) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOT VALID WITHOUT APPROVAL STAMP

DATE BY WHICH EXAMINATION MUST BE TAKEN \_\_\_\_\_

SECTION C - TO BE COMPLETED BY INSTRUCTOR

FINAL GRADE (CREDIT OR NO CREDIT ONLY): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_