

# DEPARTMENTAL TEST-OUT/CREDIT-BY-EXAM APPLICATION

Name (legal name as shown in Workday):

\_\_\_\_\_

(Last)

(First)

(Middle)

University ID (middle 9 digits):

\_\_\_\_\_

University E-mail:

\_\_\_\_\_

Test-out application for the following course:

Course Department (e.g. PHYS) \_\_\_\_\_

Course Number (e.g. 2310) \_\_\_\_\_

Semester/Term of the Exam (e.g. Fall 2024) \_\_\_\_\_

Have you ever tried testing out of this course before? \_\_\_\_\_

Have you ever taken this course before? \_\_\_\_\_

My signature below verifies that I have given correct information on this form. I have read and understand the Credit-By-Exam/Test-Out information as written in the *Iowa State Catalog* and provided by the Department. I understand that the fee of \$100 for this exam will be placed on my university bill and that I **will be billed for this test even if I elect not to take it or do not pass**. If I do not report for the scheduled examination, I must initiate a new request, including the examination fee payment in order to take a future examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to the Department offering the exam. Bring your student ID to the test. If you receive credit, a **T** grade will be posted at the end of the semester in which you took the exam.