Office of the University Registrar
Credit-by-Exam Form
1113 Clarence Mitchell Jr. Building, College Park, MD 20742-5231
Email: registrar-help@umd.edu | Phone 301-314-8240 | Fax 301-314-9568

Please read the regulations governing the establishment of Undergraduate Credit By Examination.

Instructions:

1. Fill out Section 1.
2. Bring updated copy of transcripts (including transfer and current courses) when taking this form to the department.
3. Present the form to the Chairperson of the academic department or designated representative (Section II).
4. If approved, make arrangements with the academic unit to take the examination.
   - Take a copy of the approved form to the Office of the University Registrar (1113 Mitchell) to make arrangement for payment. NOTE: Pay the $30 fee only (credit & debit only) when certain of taking the exam; no refunds given.
   - Take receipt for payment and approved form to examination, present to the Chairperson or representative.
5. After completing exam, complete and sign Section 3 (academic department and student should both have a copy)

Section I: To be completed by student

1. Name _____ UID _____

Local Address (street/city/state/zip) _____

Phone _____ Email _____

2. Credit By Examination information

Course & Prefix Number _____ Department _____ Semester Hours of Credit _____

Grade Option _____ Pass/Fail _____ Regular

Please explain below how you acquired knowledge of the subject matter for this course:

_____

I understand and agree to the conditions of this application.

_____ _____
Student signature Date

Section II: To be completed by Academic Unit Chairperson or designated representative

1. _____ Agreed to provide examination and set a mutually agreeable time.
2. _____ Refused to provide requested examination (STATE REASON ON REVERSE SIDE.) Return all copies to Office of the University Registrar (1113 Mitchell)

_____
Signature of Chairperson (or representative)

Section III: To be completed after student finished examination

REPORT OF ACTION BY ACADEMIC UNIT PROVIDING THE EXAMINATION

1. _____ Student began, but did not complete, the examination. (No mark recorded on transcript.)
2. _____ Student completed the exam with a grade of _____, but did not accept the grade. (A "W" is recorded on the transcript.)
3. _____ Student completed the examination with a grade of _____, and accepted the grade. (If P/F grade is given, please also indicate the letter grade _____.)
   - A Supplementary Grade Report form must also be completed and sent to the Registrar.

I acknowledge the above action as correct.

_____ _____
Student Signature and Date Chairperson (or representative) Signature and Date