NAME								
(Please press hard)	Last	First		М		SCCID#		
ADDRESS				DATE OF BIRTH		PHONE #	#	
CITY			STATE		ZIP CODE			
Course in	which examinat	on is requested					_ Unit Value	
SIGNATURE O	F STUDENT			Date		•	Major	
		///////////////////////////////////////						
PREREQUISITE	E CHECK	DIVIS	ION / DEI	PARTMENTAL AC	CTION			
		ot qualified through Request approved	-				s have been	
		<u> </u>		· _				
	Division Dean S	Signature		D	ate			
///////	<i>7777777</i>	<i>,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	////	,,,,,,,,,,	77777	///////	<i>,,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7777.
<i></i>	· · · · · · · · · · · · · · · · · · ·	FOR	OFFICE (	USE ONLY		///////		<i>.,,,,</i>
ELIGIBILITY DI	ETERMINATION							
A. Is the student currently enrolled?						Yes	How many units?	
	ident have a 2.0 C					Yes	No	
	=	minimum of 12 units at						
		s during the current se				Yes	No	
D. The student	-	units	by Credit	by				
	n (15 unit maximur	n.) on				Possived by:		
L. The student	ραία ψ	011		•		Received by:		
According to the		missions and Record or previously failed.		=	-			
	Director of Adn	nissions and Record	s	D	ate			
///////	////////	///////////////////////////////////////	////	////////	//////	///////	///////////////////////////////////////	////
EXAMINATION								
RESULTS					GRADE			
	Course Title			Units		P/NP Only	y	
	Signature of Ex	aminer				Date		
	Signature of Division Dean							
						Date		
POSTING TO RECORDS								
	Admissions Office Signature			ature		Date Posted		
	Distribution:	A&R / White	•	Div Dean / Pink	Student	/ Yellow-Goldenro	d	
Credit By Examinati	ion 03-10							

SOLANO COMMUNITY COLLEGE PETITION FOR CREDIT BY EXAMINATION