

PETITION FOR CREDIT BY EXAMINATION



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

SMCCCD

Check Appropriate College

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Fax: (650) 306-3113

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200

Student's ID# G: _____

Last Name _____ First Name _____ Middle _____

Mailing Address: _____

Phone Number: _____ Email: _____

I hereby petition to take an examination for credit in the following course:

COURSE NAME	COURSE NUMBER	# OF UNITS	PASS / NO PASS
Elementary Algebra	MATH 110	5.0	PASS

Step 1 – Attach a typed essay describing the comparable instruction and/or specialized training which is evidence of competency in this subject area. I have not previously attempted a credit by examination in this course and have not previously completed this course at an accredited institution.

I expect to complete the examination and receive credit during: Fall Spring Summer Year _____

Student's Signature _____ Date _____

Step 2 – Take form to Admissions and Records Office

Certification by Admissions and Records Office

- The student has not taken or attempted course previously. Yes No
- Is the student currently enrolled at SMCCD? Yes No
- Does the student have an overall 2.0 GPA or higher? Yes No
- Is the method of grading selected not appropriate for the above course? Yes No

Step 3 – Hand Carry Form to the Appropriate Division Office

Approval by Division Dean

This application is approved denied and assigned to _____

Name of Instructor

Division Dean's Signature _____ Date _____

Step 4 – Student will be contacted by Instructor/Dean for time and location of test.

Certification by Instructor

This applicant has taken the examination for _____ with the following result:

Course Units

Credit _____ (A-C) No Pass _____ (D-F) Letter Grade _____

Instructor's Signature _____ Date _____

The instructor must submit this form to the Admissions and Records Office within one week of the date of the examination.

ADMISSIONS AND RECORDS OFFICE

Processed by: _____ Date: _____