

APPLICATION FOR ADVANCED STANDING VIA CREDIT-BY-EVALUATION

State University of New York

Request for credit-by-evaluation only applies to matriculated students.

NAME: _____
(Please Print) Last First M.I. MAJOR

ADDRESS: _____
Street City Zip Code

STUDENT ID # _____ DATE OF BIRTH _____ TELEPHONE NO. _____
Mo. Day Year (Area Code) Number

Farmingdale course for which you seek credit: _____
Course No. Name of Course

Give a brief justification for your request: _____

APPLICATION CATEGORY (Complete A, B or C only):

- A. Transfer (Attach Applicable Transcript or Grade Report)
- From accredited institution for course NOT offered at Farmingdale.
 - From Non-accredited institution for course offered at Farmingdale.
 - From Non-accredited institution for course NOT offered at Farmingdale.
- | | | | | |
|--|---------------------------|-------------------------------|------------------------------------|---------------------------|
| | <small>Course No.</small> | <small>Name of Course</small> | <small>Name of Institution</small> | <small>Year Taken</small> |
|--|---------------------------|-------------------------------|------------------------------------|---------------------------|
- B. Standardized Examination (Attach Applicable Grade Report)
- CPEP CLEP DANTE (or USAFI)
 - Advanced Placement Other: _____
(Specify)
- C. Life Experience
- For course offered at Farmingdale: _____
Course No.
 - For course NOT offered at Farmingdale: _____
Indicate Subject Area

SIGNATURE _____

DATE _____

FOR DEPARTMENT USE ONLY

Application Request Approved

- Application approved for evaluation in: _____
Course No. Course Name No. Credits
- Method of evaluation shall be: _____
- Evaluation arrangements to be made between the applicant and the evaluator. To arrange for the evaluation, the applicant must contact _____ at _____ Telephone No. _____
Name of Evaluator Location
- Fee: _____ Consultant's Fee: _____ Total Fee: _____

Application Request Denied

Reason(s) for denial: _____

DEPARTMENT CHAIRPERSON'S SIGNATURE _____

DATE _____

GRADE REPORT (To Be Completed By Evaluator)

The above -named applicant has been formally evaluated

- Granting of Credit Recommended Granting of Credit NOT Recommended

_____ Course No. Course Name No. Credits

If course is NOT offered at Farmingdale, indicate: _____ Subject Area No. Credits

(TO EVALUATOR: Please attach sheet to Department Copy (pink) and describe method of evaluation with reference to procedures outlined in the policy Statement.)

EVALUATOR'S SIGNATURE _____

DATE _____

ONCE PAYMENT HAS BEEN MADE THE STUDENT ACCOUNTS OFFICE RETAINS CANARY COPY. STUDENT THEN TAKES REMAINING COPIES TO DEPARTMENT CHAIRPERSON, WHO KEEPS THE PINK PLY AND RETURNS WHITE ORIGINAL TO THE REGISTRAR'S OFFICE. STUDENT RETAINS FINAL GOLD COPY.

FOR BUSINESS OFFICE USE ONLY

Amount Paid _____ Clerk _____ Date _____ Receipt No. _____

Comments: _____

IMPORTANT NOTICE TO APPLICANT: This form must be presented for validation when making payment and to the Evaluator as proof of payment.

OFFICE