

Santa Barbara City College
Admissions & Records
Credit by Examination Application

Submit this form to Admissions & Records (SS-110) with **sections 1 and 2a completed** no later than Friday of the third week of the semester (first week in Summer).

1. Student Information (please print)

Date _____
Semester: Fall Spring Summer 20____
Name _____
SBCC ID K _____
Address _____
_____ Apt. _____
City _____ State: _____
Zip: _____ Phone # _____
Email: _____

Credit by Exam is Requested in:

Department _____
Course _____ Units _____
Name/ Number

Request is based on the following experiences, courses, work, or other evidence of equivalency or proficiency.

X _____
Student's Signature

2. For Department Use Only

2a
Application Approved Denied
If denied, reason for denial _____

X _____
Instructor's Signature

X _____
Department Chair Signature
(required for approved applications)

2b
Date of Exam _____
Examiner _____
 Failed, no credit Passed, credit as follows:
Department _____ CRN _____
Course _____ Units _____
Name/Number
Grade _____ Date _____

3. Admissions & Records Use Only

3a
Date Received _____ Total SBCC Units _____

3b
 Held for completion of twelve (12) units
 Recorded as Credit by Examination
Date Recorded _____ CRN _____
Semester Fall Spring Summer 20____