

College of Origination: (please check one)

(Please Print)

(Last Name of Student)

(First)

(MI)

Phone: - -

City/State

ZIP

Email Address

Application Date

☐ TSI status. Please explain if not TSI met.

☐ **Student completed at least 6 credit hours at LSCS**☐ Student has not attempted course for which he/she is requesting credit

(Printed Name of Admissions/Advising Staff)

(Signature of Admissions/Advising Staff)

(Date)

Credit by External Competency Exam: (Credit through national exams administered by local testing centers)

Exam Taken: _____ Seeking Credit For: _____
(Course Prefix) (Course Number)

Score: _____
(Attach copy of score report)

(Signature of Instructional Dean)

Date _____

Credit by Internal Challenge Exam: (Gain credit through exam created by LSCS department faculty.)

Signature below indicates the student has not attempted the course or the Challenge Exam.


(Printed Name and Signature of Admissions/Advising Staff)

**Signature below indicates the exam fee
has been paid (attach receipt)**

(Signature of Business Office Designee)

I T N W 1 4 2 5
(Course Prefix) (Course Number)

(Score)

 Heather Cannon
(Signature of Faculty Designee)

Is test score passing? ☐ Yes ☐ No

If score is not passing, it should be placed in TSUM to document that test was attempted.

(Signature of Instructional Dean)

(Date)

(Signature of SO Student Information Services Office)

(Title)

(Date)