Software Engineering Test-Out/Credit-By-Exam Application

Name (Legal name as shown in AccessPlus):

(Last)	(First)	(Middle)
University ID (Middle 9 d	igits):	
University E-Mail:		
Test-Out Application for	the Following Course:	
Course Department (e.g. H	ENGL):	
Course Number (e.g. 250)	:	
Semester/Term of the Exa	m (e.g. Spring 2018):	

My signature below verifies that I have given correct information on this form. I have read and understand the Credit-By-Exam/Test-Out information as written in the Iowa State Catalog and provided by the Department. I understand that the fee of \$100.00 for this exam will be placed on my university bill and that **I will be billed for this test even if I elect not to take it or do not pass.** If I do not report for the scheduled examination, I must initiate a new request, including the examination fee payment in order to take a future examination.

Signature:_____ Date: _____

Return this completed form to the Department offering the exam. Bring your student ID to the test. If you receive credit, a T grade will be posted at the end of the semester in which you took the exam.