



CREDIT BY EXAM FORM

Students interested in the Credit by Exam option must complete this form and submit payment to the Office of Academic Enrichment prior to sitting for an exam. Payment should be submitted by check. Please make checks payable to "Columbia University School of Nursing."

First Name:

Last Name:

Columbia E-mail:

Phone Number:

Degree/Program:

Course Number:

Course Credits:

Course Title:

Fee Amount:

I am submitting the non-refundable fee of \$125 per credit in order to take the exam. According to School of Nursing policy, I will need to obtain at least a "B" on the exam in order to be granted advanced standing for the course.

Student's Signature:

Date:

OAE OFFICE USE ONLY

Payment Submitted: Yes No

Check Cleared: Yes No

INSTRUCTOR USE ONLY

Exam Date:

Grade Received:

Instructor's Signature:

Comments: