



CREDIT BY EXAMINATION/FOR COURSES/TRAINING

Student's Name: _____ Request Date: _____

Program: _____ SSA #: _____

Course Name	Course No.	Units	Grade	AUHS Course Name	Challenge Test Date	Challenge Test Grade	Status	
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

ACTION: Approved Not Approved

Chief Academic Officer, AUHS: _____

Date _____

OFFICE ADMINISTRATION ONLY	
Financial Aid _____	Date _____
Student Services _____	Date _____
Director _____	Date _____