

**OFFICE OF THE REGISTRAR
306 West Quad
Tel (718) 951-5062**

**APPLICATION FOR EXEMPTION EXAMINATION
(Check with the academic department for applicable course)**

Name: _____ EMPLID# _____

Address: _____ City, State, ZIP _____

Exam Applied for: _____
Course Code & Title Date of Exam Semester & Year

Student's signature indicates that he/she has never audited or previously registered for this course:

Student's Signature Date

DEPARTMENTAL APPROVAL:

Per department standards, this student is eligible to take the above exemption examination.

Department Chairperson or Designee's Signature Date

-----**FOR DEPARTMENT USE ONLY**-----

This is to certify that the above-named student:

_____ **HAS PASSED** an exemption examination.

_____ **HAS FAILED** an exemption examination.

The student has earned a grade of _____.

Instructor's Signature Date

-----**FOR REGISTRAR'S USE ONLY**-----

▶▶ Enter course and transcript comment.

_____ Student was full-time and does not owe tuition for the course.

_____ Student was part-time and must pay \$ _____ tuition.

Initials: _____ Date entered: _____