Petition to Record Credit

Name: _____   Date: _____

Student ID: _____   DOB: _____

Are you currently enrolled at Del Mar College? _____   Last term you attended DMC: _____

Please complete only the section or sections that apply

A. Credit by Exam Please circle one. *Official scores must be provided.*

☐SAT Verbal ☐SAT II ☐ACT English ☐Advance Placement (AP) ☐CLEP ☐ DANTES (DSST) ☐IB

1. I have taken a test circled above and scored a _____.   3. Credit has been entered on the DMC transcript.
2. $50 fee. Receipt # _____.

_____	_____	_____
Student Name *(print)*	Student *(signature)*	Date
_____	_____	_____
Business Office *(print)*	Business Office *(signature)*	Date
_____	_____	_____
Registrar Office *(print)*	Registrar *(signature)*	Date

B. Credit by Evaluation of Credentials *Refer to Department Chair.*

1. I request an evaluation of the attached credentials.   4. Applicant is eligible to receive credit in these courses below
2. Submit documentation to dept. for review.   5. Credit has been entered on the DMC transcript.
3. $50 fee. Receipt # _____.
Courses to be awarded:_____

_____	_____	_____
Student Name *(print)*	Student *(signature)*	Date
_____	_____	_____
Evaluator *(print)* / Date (if other than Dept Chair)	Evaluator Name *(signature)* (if other than Dept Chair)	Date
_____	_____	_____
Department Chair *(print)*	Department Chair *(signature)*	Date
_____	_____	_____
Dean of Division *(print)*	Dean of Division *(signature)*	Date
_____	_____	_____
Business Office *(print)*	Business Office *(signature)*	Date
_____	_____	_____
Registrar Office *(print)*	Registrar *(signature)*	Date

C. Credit by Departmental Exam *Refer to department Chair. Grade must be "B" or higher on exam. One course per form.*

1. I request to take dept. exam for _____.   4. Attach completed/scored exam (B or higher).
2. Approval granted by Department Chair.   5. $50 fee Receipt # _____(post-exam).
3. $16/ch fee. Receipt # _____ (pre-exam).   6. Credit has been entered on the DMC transcript.

_____	_____	_____
Student Name *(print)*	Student *(signature)*	Date
_____	_____	_____
Department Chair *(print)*	Department Chair *(signature)*	Date
_____	_____	_____
Business Office *(print)- pre-exam*	Business Office *(signature)*	Date- pre-exam
_____	_____	_____
Dean of Division *(print)*	Dean of Division *(signature*	Date
_____	_____	_____
Business Office *(print) – post-exam*	Business Office *(signature)*	Date – post-exam
_____	_____	_____
Registrar Office *(print)*	Registrar *(signature)*	Date