Petition to Record Credit

Name:	Date:
DOB:	Student I.D.:
Are you currently enrolled at Del Mar College:	☐ Yes ☐ No
Please provide the last term you attended DMC:	
<u>Please complete only th</u>	e section or sections that apply
Section A: Credit by Exam Please choose one. Official so	cores must be provided.
SAT Verbal SAT II ACT English	Advance Placement (AP) CLEP DANTES (DSST)
1. I have taken the test circled above and scored a	2.\$50.00 fee. Receipt #
	3.Credit has been entered on the DMC transcript.
Student Name(print)	Student Name(Signature) / Date
Business Office(print)	Business Office(Signature) / Date
Registrar Office(print)	Registrar (Signature) / Date
Section B: Credit by Evaluation of Credentials R	efer to Department Chair.
1. I request an evaluation of the attached credentials.	4. Credit has been entered on the DMC transcript
2. Submit documentation to dept. for review.	5. Applicant is eligible to receive credit in these
3.\$50.00 fee. Receipt #	course(below)
Courses to be Awarded:	
Student Name(print)	Student Name(Signature) / Date
Evaluator Name(print) / Date (if other than Dept. Chair)	Evaluator Name(Signature) / Date (if other than Dept. Chair)
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)	
Section C: Credit by Department Exam Refer to De	partment 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. \$50.00 fee. Receipt #(post-exam
3. \$16.00 fee. Receipt # (pre-exam)	6. Credit has been entered on the DMC transcript.
Student Name(print)	Student Name(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