



**Amarillo College**  
Registrar's Office

\_\_\_\_\_  
Date

**PETITION FOR CREDIT EARNED BY  
DEPARTMENTAL EXAMINATION**

\_\_\_\_\_  
Last Name of Petitioner      First Name      MI      Social Security Number

Mailing  
Address: \_\_\_\_\_  
Number and Street      City      State      Zip Code

\_\_\_\_\_  
Major      Date      Advisor's Approval

**Examination:**

Amarillo College Course Name and Number	Final Grade	Semester Hours Credit	Examination Fee \$15.00 Per Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Fees:			_____

\_\_\_\_\_  
Date Paid      Amount Paid      Cashier

\_\_\_\_\_  
Signature of Person Who Administered Examination

**PLEASE READ BEFORE SIGNING**

Credit awarded for Departmental Examination will not be entered on the student's academic record at Amarillo College unless the student is **officially enrolled for the current semester** with a declared major appropriate for the credit. **Credit received by examination may or may not transfer to a four year University. Please check with your transfer institution prior to applying for credit.**

Signed: \_\_\_\_\_  
Petitioner

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On the basis of the above final grade(s), it is recommended that credit be granted as follows:

AC Course Name and Number	Sem. Hrs. Credit	AC Course Name and Number	Sem. Hrs. Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Semester Hours Credit: \_\_\_\_\_

Approved:

\_\_\_\_\_  
Date      Registrar      Date      Department Chairman

cc: Registrar  
Dean  
Department Chairman  
Advisor  
Student

\_\_\_\_\_  
Date      Dean of Academic Affairs