Martin Luther College
Records Office
Application for Credit by Examination

Student Name	Class	Date

✷ ✷

Course Information

(Semester)	(Course Number)	(Course Name)

✷ ✷

Required Signatures

Student's Signature	Date
Course Instructor's Signature	Date
Division Chair's Signature	Date

Records Office Use Only

☐ Required signatures

☐ $25 Fee Paid

☐ Credit granted _____ (Date) _____ (Grade)