

***Philadelphia University***

*Office of the Registrar*

**CREDIT BY EXAMINATION OR CHALLENGE EXAMINATION**

**STUDENT ID Number:** \_\_\_\_\_

\_\_\_\_\_ has **successfully** / **not successfully** taken the  
*Name of Student*

Examination for \_\_\_\_\_ for which \_\_\_\_\_ credits can be given.  
*Course number and title* *number of credits*

This examination was taken in the \_\_\_\_\_ on \_\_\_\_\_.  
*Semester* *date*

\_\_\_\_\_  
*Faculty Signature* *Date*

\_\_\_\_\_  
*Manager of Academic Operations* *Date*

Please circle whether the student had passed or not passed the exam.

**A PAID RECEIPT FROM THE STUDENT MUST BE ATTACHED TO THIS FORM BEFORE SUBMITTING IT TO THE REGISTRAR'S OFFICE FOR PROCESSING.**

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