Al Akhawayn University Ifrane **Office of the Registrar**

PETITION FOR CREDIT BY EXAMINATION

Section I (to be completed by the student)

Name: ……
First Last Middle

Student ID: …… Level: Undergraduate ❑ Graduate ❑

School ..... Major ..... Semester ❑ Fall ..... ❑ Spring .....

I Request Credit for the following course(s):

Course Number	Course Title	SCH

Student's Signature:.....

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Section II (to be completed by the school: Instructor, Coordinator, and Dean/ Director)

May the student be tested by examination in the above course(s) ❑ Yes ❑ No

The student is eligible to earn Credit by Examination and approved to receive "CRE" for the above course(s)

Instructor's Signature ..... Date: .....

Dean/Director's Signature ..... Date: .....

Business Office

Amount of 200 DHs paid before taking test_____ on _____ Processed by: _____

Amount of 500 DHs paid if passing the test _____ on _____ Processed by: _____

Registrar's Office

Received by the Registrar's Office on _____ Processed by: _____ On: _____