



DELTA COLLEGE TESTING CENTER

1961 Delta Road, A133
 University Center, MI 48710
 Phone: (989) 686-9182
 Fax: (989) 667-2213

CREDIT-BY-EXAM REGISTRATION

NOTES BEFORE REGISTERING

- It is the student’s responsibility to check with the Counseling and Advising Office to determine if they have met all required prerequisites before taking the exam.
- Read Credit-by-Exam Validity Statement before you complete and submit this registration form.
- Include payment information with registration form.
- The Testing Center does not administer Credit-by-Exams the last two (2) weeks of any semester.

STUDENT INFORMATION

Name:	
Address:	
City, State, Zip:	
Phone:	
Delta Email:	
Delta ID:	

EXAM INFORMATION

Course Number:	
Course Title:	
Credits:	
Choose One:	<input type="checkbox"/> Credits <input type="checkbox"/> Waiver
Appointment Preferences:	

APPOINTMENT INFORMATION

OFFICE USE ONLY – DO NOT WRITE			
Exam Date:	Time:	Reschedule:	Time:

PROCTOR AND FACULTY

The above CBE was administered on the following date: _____

The results _____ qualify do not qualify the above named student to earn credit or waive this course.

 Proctor Signature Date

 Faculty Signature Date

 Faculty Signature Date

 Faculty Signature Date

DELTA COLLEGE ADMINISTRATION FEE: \$35 PER TEST

Cashier – Deposit into Testing Fees	Discover/MasterCard/Visa (American Express not accepted)																
Receipt #	Number																
Amount	Expiration:											CVV:					
Date	Cardholder Name:																
Received by	Billing Address, State, Zip:																