



## CREDIT BY EXAM or AUDIT

(must be submitted two weeks prior to the semester in which you plan to enroll)

<b>Name:</b>	<b>ID #:</b>
<b>Phone:</b>	<b>JC Box:</b>
<b>Semester:</b>	<b>Class:</b> SR <input type="checkbox"/> JR <input type="checkbox"/> SO <input type="checkbox"/> FR <input type="checkbox"/>

<b>Course Title:</b>
<b>Course Number:</b>
<b>Instructor's Name:</b>
<b>Enrolling:</b> <input type="checkbox"/> Audit or <input type="checkbox"/> Credit by Exam, number of credits -

**Credit by Exam:** Credit may be earned for regularly offered courses in the Juniata College curriculum by students who pass an examination and meet other requirements of the course as stipulated by the instructor (other than class attendance). Credit by examination is available only with the express approval of the student's advisor and of the instructor of the course in question. The final examination must be taken in the term in which the student is registered.

**Audits:** Audits are allowed if the instructor of the course approves. Courses will carry "0" credits and cannot be used to satisfy degree requirements. These courses are notated on the transcript and there is no extra fee applied if you are a full-time student.

**Music Studio Audits:** check one  ½ hour lesson, or  1-hour lesson when enrolling for a music studio lesson, the normal lesson fees will be applied

***Financial Agreement:** By registering for classes, you are entering into a legally binding obligation to pay all tuition, fees and other charges connected to this registration. If you fail to pay this obligation by scheduled due dates, you may have to pay additional costs associated with any collection efforts, including late fees, attorney's fees, collection agency commissions, court costs and other costs that might be incurred by the College in its collection efforts.*

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

- *The instructor may list the requirements for the completion of this course. If left blank, the Registrar's Office will consider the signatures from the student and instructor as confirmation of the requirements.*

POE/Academic Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

GEN Advisor/Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair Approval: \_\_\_\_\_

Date: \_\_\_\_\_