



Reading Area Community College Application for Assessment: Credit By Exam

Use Black or Blue Ink ONLY

Please complete by printing the following information.

PRINT STUDENT'S FIRST NAME	MIDDLE INITIAL	LAST NAME	
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RACC STUDENT ID #	DATE		
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STREET ADDRESS	CITY	STATE	ZIP CODE
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STUDENT PHONE NUMBER	STUDENT EMAIL		
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Reading Area Community College will award credit toward its degree and certificate programs. The award of college credits through exam verifies that the student has acquired knowledge, skills, or competencies comparable to what would be acquired in a college course. *If you are planning to transfer to a bachelor's degree program, please check with the transfer school about how your credits will transfer.*

The student must complete this application for assessment and pay for one credit (no fees) for administration of the test. Upon successful completion of the exam, students will be awarded credit for the course.

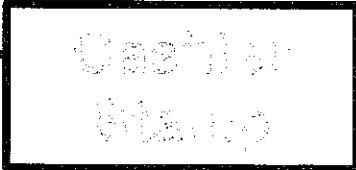
- Make arrangements with the faculty evaluator to take the exam. Note: The faculty evaluator will let you know if your exam will be administered online and provide you with instructions for online exams or if you will need to take the exam at the Yocum Library testing center. **Secure faculty evaluator signature.**
- Take the **Application for Assessment: Credit by Exam** to the Cashier's Office (Berks 107) to pay for exam (1 credit, no fees).
- The day of the exam, bring the **Application for Assessment: Credit by Exam** with the Cashier Office's stamp and receipt and give it to the proctor as proof of payment.
- After completion of the exam, the faculty evaluator will email you forms with documents to deliver to the Records Office (Berks 107).
- Keep the **Application for Assessment: Credit by Exam**, receipt, and any emails from your faculty evaluator with you throughout the process. If you do not see your credit on your Self-Service evaluation within 10 to 15 business days, take this form to Records to confirm credit was awarded.

Please check which Credit by Exam(s) you will be taking:

- | | |
|---|---|
| <input type="checkbox"/> ACC-105 Financial Accounting | <input type="checkbox"/> OFT-100 Personal Keyboarding |
| <input type="checkbox"/> ACC-110 Managerial Accounting | <input type="checkbox"/> OFT-110 Keyboarding I |
| <input type="checkbox"/> BUS-100 Introduction to Business | <input type="checkbox"/> OFT-111 Keyboarding II |
| <input type="checkbox"/> BUS-110 Business Mathematics | <input type="checkbox"/> PNP-101 Practical Nursing I |
| <input type="checkbox"/> COM-121 English Composition I | <input type="checkbox"/> PNP-102 Practical Nursing II |
| <input type="checkbox"/> IFT-100 Introduction to Information Technology | <input type="checkbox"/> PRG-100 Introduction to Computer Programming |
| <input type="checkbox"/> IFT-110 Microcomputer Applications | <input type="checkbox"/> PRG-120 COBOL |
| <input type="checkbox"/> MAT-150 Foundations of Math | <input type="checkbox"/> PRG-130 RPG III |
| <input type="checkbox"/> NET-100 Fundamentals of Networking | <input type="checkbox"/> PRG-140 Visual Basic |
| <input type="checkbox"/> NUR-100 Nursing I | <input type="checkbox"/> Other _____ |

Faculty Evaluator Approval for Taking Exam(s) _____

Date _____


OFFICE USE ONLY
DATE _____
<input type="checkbox"/> Cashier's Office makes a copy for institutional Records and scans into Etrieve.
<input type="checkbox"/> Student keeps Original as proof of payment.
<input type="checkbox"/> A \$10 processing fee will be retained if a request for a refund is not received in writing one week prior to the scheduled exam.

READING AREA COMMUNITY COLLEGE

FINANCIAL AID/ Records OFFICE | Berks Hall Room 107
10 South 2nd Street | PO Box 1706 | Reading, PA 19603-1706
610.607.6225 | FAX 610.607.6290 | www.racc.edu



Reading Area Community College Assessment Tracking Document

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Please complete by printing the following information.

PRINT STUDENT'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

RACC STUDENT ID # _____ DATE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STUDENT PHONE NUMBER _____ MAJOR _____

COURSE #	TITLE	CREDITS	INDICATOR*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*AP-Advanced Placement NE-National Exams IE-Credit by Examination CA-Credit by Articulation EC-External Credit ME-Military Experience PA-Portfolio Assessment

APPROVED DISAPPROVED

FACULTY SIGNATURE _____ DATE _____

OFFICE USE ONLY
COORDINATOR OF ASSESSMENT _____ DATE _____

Portfolio / Credit by Exam / Articulation

FACULTY MEMBER _____ ASSESSMENT HOURS _____

FACULTY SIGNATURE _____

Portfolio Stipend

DEAN'S COMMENTS:

I HAVE REVIEWED THIS STIPEND REQUEST AND CONCUR WITH THE HOURS LISTED. PLEASE PAY THE FACULTY MEMBER.

DEAN'S SIGNATURE _____ DATE _____

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