

**MARYWOOD UNIVERSITY  
APPLICATION FOR COURSE PLACE-OUT EXAMINATION**

I hereby apply for the place-out examination specified below. I understand that:

1. The course will be recorded in my academic transcript.
2. The course will not be computed in my GPA.
3. I may substitute another course for the one in which I placed-out to fulfill my degree requirements.
4. If I do not pass the exam, I must register for and take the course during a regular university semester.

I understand that there is a non-refundable fee payable to the Cashier's Office for processing the place-out document (See Cashier's Office for fee information).

Test Requested: \_\_\_\_\_

Catalog Number/Title

\_\_\_\_\_

Date

Print Name

Signature of Applicant

Student ID #

**Approval of Department Chair**

Date test is to be given: \_\_\_\_\_

Signature of Chair: \_\_\_\_\_

Department: \_\_\_\_\_

**Cashier's Office:**

**Evaluator:**

Payment \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Grade earned \_\_\_\_\_

Credit No. \_\_\_\_\_

Remarks \_\_\_\_\_

Rec'd by \_\_\_\_\_

By \_\_\_\_\_