

**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 _____

