



UALR Credit-By-Examination

Official Report Form For Testing Services

Student Name: _____
(Last) (First) (Middle)

Student T#: _____

Student Address: _____

Student City, State, ZIP: _____

Department: _____ Course #: _____

Course Title: _____ Exam Name: _____

Credit Hours Approved: _____ Score: _____ Score Report Date: _____

CLEP: _____ PEP: _____ DEP: _____ AP: _____

Dept Chair Signature: _____ Date: _____

Received by TS: _____