



EM CREDIT REQUEST FORM

Return this form via email to testing@esue.ohio-state.edu or fax to 2-7199.

Student Information

Name		
Last Name	First Name	M.I.

OSU ID Number	Enrollment	
	Campus	Program
		Term for Posting

The student listed above is recommended for “EM” Credit on the basis of an examination for proficiency per University Rule 3335-8-21. This form must be forward to the Testing Center, Office of the University Registrar for processing. It may be faxed to 2-7199 or scanned and e-mailed to testing@esue.ohio-state.edu.

EXAMPLE:

5	History 151	04/01/2011
Hours	Course Title	Test Date
Hours	Course Title	Test Date
Hours	Course Title	Test Date
Hours	Course Title	Test Date
Hours	Course Title	Test Date
Hours	Course Title	Test Date

Requestor Information

Department Contact		
Print Name	Phone or E-mail	

Instructor Administering Exam		
Print Name	Sign Name	Date

Approval by Department Chair (Credit Department)		
Print Name	Sign Name	Date

Approval by College Secretary (Student’s College)		
Print Name	Sign Name	Date