Collin College
Non-Traditional College Credit Application for
CE to Credit or Institutional Credit by Exam

Name: _____ **CWID#:**_____

Address:_____ **Phone:**_____

_____ **Date Initiated:**_____

Course Title and Name to receive credit: _____

Please indicate which type of non-traditional credit you are applying for and follow the steps below to facilitate accurate completion.

☐ **CONTINUING EDUCATION (CE) TO CREDIT ($30 FEE PER COURSE)**	☐ **INSTITUTIONAL CREDIT BY EXAM ($30 FEE PER COURSE)**
1. Student has completed 6 credit hours (non-DE) in residency at Collin College and CE course completed within last 12 months.	**1. Student has completed 6 credit hours (non-DE) in residency at Collin College.**
Registrar's Signature:_____	**Registrar's Signature**:_____
2. Student has successful completion of end-of-course final assessment.	**2. Payment completed with Cashier's office**
Academic Department Signature: _____	**Receipt #_____**
	Date: _____
3. Payment completed with Cashier's office	*Note: Student must show receipt of payment to testing personnel before test may be conducted.*
Receipt #_____	Office use only: Account: 570005 Detail Code: CEFT
Date: _____	**3. Student has successful completion of departmental exam.**
Office use only: Account: 570005 Detail Code: CEFT	**Exam Date: _____ Score: _____**
4. Return completed form to the Admissions and Records Office for credit to be reviewed.	**Instructor's Signature:_____**
	4. Successful Test Score Director of Testing Signature: _____

For Registrar Office Use Only

Date Transcripted:_____ Signature: _____