



Academic Action Form Permission for CLEP Exam

Date:		TCU ID#:	
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Last Name:	First Name:
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TCU Email Address:	Phone # Including area Code:
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PERMISSION REQUESTED TO:

Complete CLEP/other approved test for credit after having been at TCU

What college or university is offering the test(s)?

When will you take the test?	Date:
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Please list the CLEP subject test(s) that you plan to take.	TCU CC Designation Requested (If Any)	FOR OFFICE USE ONLY

Major	Semester hours in progress	Total hours completed to date

Action taken:	
Approved	Approved with exception(s)
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO
Denied – exceeds 66 cumulative semester hours	Denied for reason(s)
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO

Student Signature:	Date:
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Associate Dean Signature:	Date:
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Instructions to sign and submit this form:

You must open this form in Adobe Acrobat Reader or Adobe Acrobat DC to digitally sign. The signed form must be emailed to Associate Dean Cormican at muriel.cormican@tcu.edu.