

Credit By Exam

To Be Completed By Student			
Last	First	Middle	Date
UTHSCSA ID#		Degree Program	
Address			Phone
I am requesting credit for one or more of the following (check all that apply):			
<input type="radio"/> UTHSCSA Challenge Form		<input type="radio"/> CLEP	<input type="radio"/> DSST (Dantes)

Transfer Results/Credit Award (please check one of the following):

- No credit awarded
 Total credit hours awarded as certified below

I request credit for the following course(s) in lieu of approved course(s) at UTHSCSA

Subject	Course Number	Credit Hour

Office of the Registrar	
Registrar's Signature _____	Date _____

The University of Texas Health Science Center
Office of the Registrar, MSC 7702
7703 Floyd Curl Dr., San Antonio, TX, 78229-3900
(210) 567-2621 Fax: (210) 567-2685