

CLEP PERMISSION APPLICATION OFFICE OF THE REGISTRAR

Please allow 24-48 hours for processing. You will be notified of a decision via your email listed below.

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building or <u>registrar@flsouthern.edu</u>.

CURRENT INFORMATION: Fill out completely.

Name:	Student ID#:		
	vill be sent to your preferred e-mail.		
Permanent Address:			
City:	State:	Zip:	
Phone #:	Anticipated Graduation Term/Year	(e.g. Spring 2020):	
Major:	Advisor:		
Do you plan to test within the ne	ext 4-6 weeks? YES / NO		
If no, when do you plan to test?	Month Year		
List the title of the test(s) you are interested in receiving approval to take:			
1	3		
2	4		
I understand the following:Upon completion of my test I wi	Il have scores sent directly to:		
	Florida Southern College		

Office of the Registrar 111 Lake Hollingsworth Drive Lakeland, FL 33801-5698

- Scores must be received by the Registrar's Office at least two weeks prior to graduation.
- I must have a cumulative grade point average of at least a 2.0 at FSC when these test(s) are taken.
- I must earn at least the minimum score for credit to be earned.
- I cannot be granted permission to take any course in which comparable college work or more advanced work has been attempted, including "W" withdrawals.
- CLEP credits are recorded as transfer credit and do not affect a student's grade point average.
- The retest policy states that a candidate may not retake an exam of the same title within three months of the test date. If you violate the CLEP retest policy, the administration will be considered invalid, your score will be cancelled, and any test fees will be forfeited.

OFFICE USE ONLY	Current Student: Yes / No Program: Day / Evening	
Local Hours Transfer Hours Currently Enrolled Requested Hours	Current FSC GPA: Registered for next semester: Yes / No Entered into Spreadsheet on:/ Initial_tifactSpan t3 8 Td b Td (a	a) & 9 (I)4D⁻