REPORT OF DEPARTMENTAL CREDIT BY EXAMINATION EARNED AT TEXAS A&M UNIVERSITY

Please complete all spaces to assure prompt and accurate processing. Please report the results for each course on a separate line. Testing Services will process credits reported on this form **within five business days.**

UIN (T#)	Last Name	First Name	MI	Course	Test Date	Credit Hours

Date: _____

Department Head Name: _____

Department Name: _____

Department Head Signature: _____

Phone Number: _____

Return this form to:

Testing Services
testing@tamu.edu
979-845-0532
4239 TAMU