## 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
			<del></del>		<u> </u>	
		_			_	_
_					_	
						<del></del>
					<u> </u>	
		_			_	
_						
			<del></del>			
Date:						
				Department Hea	nd Name:	
Department Name:				Donartmont Us	ad Cianatura	
Phone Number				Department Hea	iu Signature:	
		<del>-</del>				

## Return this form to:

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