



University of St. Thomas

3800 Montrose Boulevard • Houston, Texas 77006

OFFICE OF THE REGISTRAR REQUEST FOR CREDIT BY EXAM AND DUAL/CONCURRENT ENROLLMENT CREDIT

Please complete this form, and submit it to the Coordinator of Academic Records in the Registrar's Office. Forms may be mailed to the attention of the Coordinator of Academic Records-Transfer Credit at the address above or dropped off in the Herzstein Enrollment Center room 113. Your credit will be verified and then posted to your UST transcript.

Directions for Credit by Exam:

I am requesting credit by exam. I have taken the following exam(s). :
AP IB CLEP (Circle all that apply)

___ I understand it is **my** responsibility to contact the College Board and request official scores to be sent to the University. Therefore, I have contacted the College Board and submitted that request. (Initial to the left to indicate you have read and understood this statement.)

Directions for Dual/Concurrent Enrollment Credit

I am requesting credit for my dual/concurrent enrollment courses.

___ I understand it is **my** responsibility to contact **each community college, college, or university** where I have completed this type of coursework. Therefore, I have contacted the following institution(s) and asked that a transcript be mailed to the University: _____

(Initial to the left to indicate you have read and understood this statement.)

I understand that credit granted will be subject to the policies listed in the current catalog.

Printed Name: _____ Campus ID or SSN: _____

Signature _____ Date _____

Phone number _____ UST e-mail _____

FOR OFFICE USE ONLY

Credit Posted By:	Date Posted:	Total Hours Awarded: