

Authorization to Process College Level Examination Program (CLEP) Test Scores

Student Name: _____

Student ID: _____

Student Email: _____

I am authorizing Eastfield College to award college credit **CREDIT (CR)** based on the below CLEP exam(s). I understand I must be enrolled as a credit student in order for the college to process my request and I cannot request credit for coursework already completed. Once posted, credit CANNOT be removed from my official academic record. It is my responsibility to provide an official score report to the college for processing. CREDIT (CR) will not be posted until after the semester certification date.

Name of CLEP Exam: _____

Name of CLEP Exam: _____

Name of CLEP Exam: _____

Student Signature: _____

Today's Date: _____

** For the most up to date information on Credit-by-Examination please visit the current [Course Catalog](#).*

For Staff use only:

Course Subject Title(s) to be awarded credit: _____

Year/Semester Posted: _____

Date Processed: _____ **Staff Initials:** _____

Please return completed form:

By mail:

Eastfield College
Office of Admissions
3737 Motley Drive, Mesquite, TX 75150

By fax:

972-860-7287

In person:

Building C, Room 119

By email:

4AdmissionsOffice@dcccd.edu