



UNIVERSITY OF  
SOUTH DAKOTA

# CREDIT BY VERIFICATION

Instructions: Complete Part A of this form. Have the instructor complete Part B. Obtain the approvals of the chair of the department in which the course is offered (Part C) and the dean of your college/school (Part D). In order for credit to be awarded, the form must then be filed with the Registrar's Office (Belbas Center 223).

**PART A: To be Completed by the Student**

Student Name (please print) _____		ID Number _____	
Course for which you request credit by verification (ex: HLTH 250 First Aid) _____ :			
Course Prefix _____	Course Number _____	Course Title _____	
I request credit by verification for the above course.			
Student's Signature _____			Date _____

**PART B: To be Completed by the Instructor**

Check and complete either statement 1 or 2, and sign below.			
_____	1. This is to certify that the above named student was examined and is entitled to receive credit, with the grade of "CR," in the following course:		
Course Prefix _____	Course Number _____	Course Title _____	Semester Hrs. _____
_____	2. The above named student did not earn credit by verification.		
Instructor's Signature _____			Date _____

**PART C: Approval of the Department Chair**

Chair's Signature _____	Date _____
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**PART D: Approval of the Academic Dean**

Dean's Signature _____	Date _____
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For office use only:  
Recorded \_\_\_\_\_