



Whitworth University Registrar's Office Application to take CLEP/DANTES Test

Date: _____
 Student Name: _____
 Whitworth ID #: _____
 Email: _____

Test Type (check one): CLEP ___ DANTES ___
 Title of Test: _____
 What was your first semester at Whitworth?
 Year: _____ Term: Fall ___ Spring ___ Summer ___

What Whitworth course or general education requirement do you hope this test will fulfill (choose one)?

Elective credit (# of credits): _____
 Specific Course (ex: AR-101): _____
 General Education Requirement (ex: American Diversity): _____

REQUIRED SIGNATURES:

_____ Student

_____ Date

ADVISOR'S RECOMMENDATION

Advisor's Signature _____
 Date: _____

**DEPARTMENT CHAIR'S RECOMMENDATION
(Optional)**

Dept. Chair's Signature _____
 Date: _____

Please note: Any approvals are based on current knowledge that the Registrar's Office holds regarding the student's completed coursework. This includes all transcribed Whitworth courses as well and those for which the student is currently registered. It also includes any transfer or other test credit that has been evaluated and transcribed by the Registrar's Office. Any changes to a student's schedule or additional transfer or test credit that is awarded after this form is approved could result in duplicate content. It is the policy of Whitworth to award credit for CLEP/DANTES tests which do not result in duplication of course content from any other course or test for which the student has received credit.

ADMINISTRATIVE ACTION (Registrar's Office):

Approved _____ Date _____

Minimum Score: _____
 If minimum score is achieved Whitworth equivalency will be:
 Course: _____ Credits: _____ General Education Requirement: _____

Not Approved _____ Date _____

Reason: _____

Please complete this form and return to the Registrar's Office (or Continuing Studies Office for Continuing Studies students); copies will be sent to Advisor with completed signatures.