

EM Credit Request Form

The student listed below is recommended or denied for “EM” Credit based on an examination for proficiency per University Rule 3335-8-21. This form must be forward to the Testing Center, University Registrar, for processing (whether the student passed or failed). Please email it to sae-testing@osu.edu to return this form.

Student Information

Last Name:

First Name:

Middle Initial:

Enrollment Information

OSU ID Number:

Academic Program:

OSU Campus:

Term for Posting:

Requester Information

Department Contact Name:

Phone Number:

Email Address:

Approval Section

The following section is to be completed only if the exam was given by a department, as opposed to the Testing Center.

Instructor Administering Exam Name:

Instructor Signature:

Department Chair Name:

Department Chair Signature:

College Secretary Name:

College Secretary Signature:

Course information

Please fill the following section with information regarding the courses tested.

Course 1

Subject Area and Catalog Number:	Credit Hours:	Score Percentage:
	Test Date:	Pass or Fail:

Course 2

Subject Area and Catalog Number:	Credit Hours:	Score Percentage:
	Test Date:	Pass or Fail:

Course 3

Subject Area and Catalog Number:	Credit Hours:	Score Percentage:
	Test Date:	Pass or Fail:

Course 4

Subject Area and Catalog Number:	Credit Hours:	Score Percentage:
	Test Date:	Pass or Fail:

Course 5

Subject Area and Catalog Number:	Credit Hours:	Score Percentage:
	Test Date:	Pass or Fail:

Course 6

Subject Area and Catalog Number:	Credit Hours:	Score Percentage:
	Test Date:	Pass or Fail: