REQUEST FOR CLEP / DANTES EXAMINATION

Student Information

Name ___________________________________________ Student ID No. ________________________________________

Last First Middle

Current Mailing Address ______________________________________________________

Street/Apt. No. ____________________________________________

City State ZIP

Local Phone ________________________ Home Phone ________________________ Work Phone ________________________

I request approval to take the CLEP/DANTES examination during the specified term indicated below. I understand Florida Tech policy states: Florida Tech expects students to take any CLEP/DANTES examinations before enrollment. Although a student may take these examinations while enrolled at Florida Tech, they may do so only with prior permission of their major department and college dean. Credit earned from these examinations are excluded from the three-course limit that applies to the study at another institution policy. Students must take CLEP/DANTES examinations before their last term of enrollment. Contact the Office of the Registrar for further information.

Student Signature __________________________________________ Date ________________________

Requested Examination (Choose one)

☐ College-Level Examination Program (CLEP) __________________________________________________________________________

☐ Defense Activity for Non-traditional Education Support (DANTES/DSST) __________________________________________________________________________

Examination title and term examination is to be taken (i.e., Fall-1 2017 for online students; Fall 2017 for main campus students)

□ Examinations are not administered on the Florida Tech campus.

□ Florida Tech grants academic credit for CLEP Subject Examinations only; the minimum score must be equal to or above the recommended percentile as published by the American Council on Education (ACE).

□ Credit is only considered for DANTES Subject Standardized Tests (DSST) listed on an official DANTES transcript.

□ Credit is awarded based on ACE recommendation and Florida Tech transfer credit policy.

□ Required scores and Florida Tech equivalencies are disclosed online at: http://www.fit.edu/ugrad/exams/

Major Department Head __________________________________________ Date ________________________

Signature

Print Name __________________________________________

College Dean __________________________________________ Date ________________________

Signature

Print Name __________________________________________

Please complete entire form making sure to affix all required signatures. Main campus students deliver or Fax completed form to the Registration Center; Florida Tech Online students must submit or Fax form to their Program Office (see contact information below).

The Program Office will forward completed form to the Office of Online Learning.

Florida Institute of Technology • Office of the Registrar • 150 West University Boulevard, Melbourne, FL 32901-6975
Melbourne Campus Students: Submit to Registration Center or Fax to 321-674-7827 • Florida Tech Online Students: Fax to 321-674-8216

RGR-467-0220