DEPARTMENTAL ADVANCED STANDING EXAMINATION CREDIT FORM

DATE: _____

STUDENT'S NAME: _____

ID NUMBER OR SOCIAL SECURITY NUMBER: _____

This is to certify that the above student has

☐ Passed ☐ Remove

the Advanced Standing Examination in

_____

_____
Signature of Department Chair
Southwestern Oklahoma State University
Weatherford, OK 73096

BUSINESS OFFICE RECEIPT NUMBER: _____

Distribution: Department Chair submits all copies and appropriate fees to the Business Office where receipt number will be recorded on all copies. One copy of the form is then to be distributed to each of the following:

Business Office
Registrar
Department
Student