### MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE
### TEST OUT CREDIT AWARD RECOMMENDATION

Testing out is not an option for all courses

<table>
<thead>
<tr>
<th>Student Name _________________________</th>
<th>ID Number ____________</th>
<th>Date__________</th>
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Program and Campus: 

Please Note: Testing out is not an option for a student who has previously failed or received a no credit grade. Test Outs will not be transcripted until the student has completed 15 credit hours in residence. Credits earned by test-out may or may not be accepted by other institutions.

**STEP 1**

- **Student:** Request the course for test-out.

<table>
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<tr>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
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*Faculty Member signature* 

**STEP 2**

- **Student:** Submit the non-refundable test-out fee to the Business Office.

$40 per lecture credit  X ________ credits = ______________

$65 per lab credit  X _________ credits = ______________

**STEP 3**

- **Student:** Take the examination.
  The student has completed the test out exam at least 10 days prior to the start of the semester or after the 5th day of the semester.

  Leave this form with the instructor.

**STEP 4**

- **Instructor:** Grade:  
  Pass  Fail (circle one)

I hereby request the payment of $________ for administering the test-out. ($25/lecture credit and $50/lab credit)

*Faculty Member signature* 

- **Instructor:** Return this form to the Registrar.

*Registrar signature*  

**Date Posted**

**Approved for Payment**

Vice President of Instruction

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This document can be made available to those with disabilities in alternative format, allowing ample time for adaptation, by calling Diane Graber at 800-657-3966. For TTY Communication call Minnesota Relay Service at 800-627-3529. An Affirmative Action Equal Opportunity Educator/Employer. ADA Compliant.