

SOUTHERN WESLEYAN UNIVERSITY ADULT & GRADUATE STUDIES

Permission to Transfer CLEP/DSST Credits

Phones (H)______(C)______ Email_____

I am requesting to take the following CLEP and/or DSST exam(s) to transfer to SWU as:

Academic Records Use:

Elective creditGenera	al Education cre	dit		
Student Signature: Date			Date	
EXAM NAME	CLEP	DSST	TESTING MO/YR	APPROVED (Yes or No)
Reason for non-approval:				
Notes:				
Student Services Coordinator:			Date	

Initials_____

Date Received_____