UT Health San Antonio
University Registrar

7703 Floyd Curl Dr.
MSC 7702
San Antonio, TX 78229
Phone (210) 567-2621 Fax (210) 567-2685

Credit By Exam

To Be Completed By Student			
Last	First	Middle	Date
UTHSCSA ID#	Degree Program		
Address		Phone	

I am requesting credit for one or more of the following (check all that apply):

☐ UTHSCSA Challenge Exam ☐ CLEP ☐ DSST (Dantes)

I request credit for the following course(s) in lieu of approved course(s) at UTHSCSA

Subject	Course Number	Credit Hour	Faculty Signature

Transfer Results/Credit Award (please check one of the following):

○ No credit awarded ○ Total credit hours awarded as certified above

Department Chair Signature: _____ Date: _____

Assistant/Associate Dean Signature: _____ Date: _____

Registrar's Office Signature: _____ Date: _____