



Enrollment Management and Services  
Department of Registration & Records

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**REQUEST FOR CONTINGENT AP CREDIT**



\_\_\_\_\_, \_\_\_\_\_  
(Student Last Name, First Name) (Student ID Number)

is a student in \_\_\_\_\_ and took \_\_\_\_\_ during  
(Program/Plan) (course)

the \_\_\_\_\_ receiving a grade of \_\_\_\_\_.  
(Semester/Year)

This student should be given credit for \_\_\_\_\_.  
(course)

\_\_\_\_\_  
Departmental Signature

\_\_\_\_\_  
Date

