



CLEP PERMISSION APPLICATION OFFICE OF THE REGISTRAR

Please allow 24-48 hours for processing. You will be notified of a decision via your email listed below.

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building or registrar@fsouthern.edu.

CURRENT INFORMATION: Fill out completely.

Name: _____ Student ID#: _____

Preferred Email: _____
**Approvals/messages will be sent to your preferred e-mail.*

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Anticipated Graduation Term/Year (e.g. Spring 2020): _____

Major: _____ Advisor: _____

Do you plan to test within the next 4-6 weeks? YES / NO

If no, when do you plan to test? _____
Month Year

List the title of the test(s) you are interested in receiving approval to take:

1. _____ 3. _____
2. _____ 4. _____

I understand the following:

- Upon completion of my test I will have scores sent directly to:

Florida Southern College
Office of the Registrar
111 Lake Hollingsworth Drive
Lakeland, FL 33801-5698

- Scores must be received by the Registrar's Office at least two weeks prior to graduation.
- I must have a cumulative grade point average of at least a 2.0 at FSC when these test(s) are taken.
- I must earn at least the minimum score for credit to be earned.
- I cannot be granted permission to take any course in which comparable college work or more advanced work has been attempted, including "W" withdrawals.
- CLEP credits are recorded as transfer credit and do not affect a student's grade point average.
- The retest policy states that a candidate may not retake an exam of the same title within three months of the test date. If you violate the CLEP retest policy, the administration will be considered invalid, your score will be cancelled, and any test fees will be forfeited.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Current Student: Yes / No

Program: Day / Evening

Local Hours _____

Current FSC GPA: _____

Transfer Hours _____

Registered for next semester: Yes / No

Currently Enrolled _____

Requested Hours _____

Entered into Spreadsheet on: ____/____/____ Initial_tifactSpan 130 Td (a) 9 (l)4DT