Collin College
Non-Traditional College Credit Application for
CE to Credit or Institutional Credit by Exam

Name: ___________________________________________ CWID#: ________________________

Address: ________________________________________ Phone: __________________________
________________________________________________ Date Initiated: ______________________

Course Title and Name to receive credit: ____________________________________________

Please indicate which type of non-traditional credit you are applying for and follow the steps below to facilitate accurate completion.

☐ CONTINUING EDUCATION (CE) TO CREDIT ($30 FEE PER COURSE)

1. Student has completed 6 credit hours (non-DE) in residency at Collin College and CE course completed within last 12 months.

Registrar’s Signature: __________________________________

2. Student has successful completion of end-of-course final assessment.

Academic Department Signature: ______________________________

3. Payment completed with Cashier’s office

Receipt #__________________________ Date: __________________________

Note: Student must show receipt of payment to testing personnel before test may be conducted.

4. Return completed form to the Admissions and Records Office for credit to be reviewed.

☐ INSTITUTIONAL CREDIT BY EXAM ($30 FEE PER COURSE)

1. Student has completed 6 credit hours (non-DE) in residency at Collin College.

Registrar’s Signature: ______________________________

2. Payment completed with Cashier’s office

Receipt #__________________________ Date: __________________________

3. Student has successful completion of departmental exam.

Exam Date: _____________ Score: ___________

Instructor’s Signature: ____________________________

4. Successful Test Score
Director of Testing
Signature: ________________________________

Office use only:
Account: 570005
Detail Code: CEFT

Office use only:
Account: 570005
Detail Code: CEFT

For Registrar Office Use Only
Date Transcribed: __________ Signature: ________________________________