THE OHIO STATE UNIVERSITY

Testing Center
University Registrar

EM Credit Request Form

The student listed below is recommended or denied for "EM" Credit based on an examination for proficiency per University Rule 3335-8-21. This form must be forward to the Testing Center, University Registrar, for processing (whether the student passed or failed). Please email it to sae-testing@osu.edu to return this form.

Student Information

Last Name:

First Name:

Middle Initial:

Enrollment Information

OSU ID Number:

OSU Campus: (Select an OSU Campus)

Academic Program: (Select Academic Program)

Term for Posting:

Requester Information

Department Contact Name:

Phone Number:

Email Address:

Approval Section

The following section is to be completed only if the exam was given by a department, as opposed to the Testing Center.

Instructor Administering Exam Name:

Instructor Signature:

Department Chair Name:

Department Chair Signature:

College Secretary Name:

College Secretary Signature:

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Course information

Please fill the following section with information regarding the courses tested.

Course 1

Subject Area and Catalog Number: _____ Credit Hours: _____ Score Percentage: _____

Test Date: _____ Pass or Fail: _____

Course 2

Subject Area and Catalog Number: _____ Credit Hours: _____ Score Percentage: _____

Test Date: _____ Pass or Fail: _____

Course 3

Subject Area and Catalog Number: _____ Credit Hours: _____ Score Percentage: _____

Test Date: _____ Pass or Fail: _____

Course 4

Subject Area and Catalog Number: _____ Credit Hours: _____ Score Percentage: _____

Test Date: _____ Pass or Fail: _____

Course 5

Subject Area and Catalog Number: _____ Credit Hours: _____ Score Percentage: _____

Test Date: _____ Pass or Fail: _____

Course 6

Subject Area and Catalog Number: _____ Credit Hours: _____ Score Percentage: _____

Test Date: _____ Pass or Fail: _____