

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:	Academic Progra	Academic Program:	
OSU Campus:	Term for Posting:		
Requester Information			
Department Contact Name:	Phone Number:		
	Email Address:		
Approval Section			
The following section is to be complet	ed only if the exam was given by a dep	partment, as opposed to the	
Testing Center.			
Instructor Administering Exam Name:	Instructor Signature	:	
Department Chair Name:	Department Chair S	ignature:	
College Secretary Name:	College Secretary Si	gnature:	



Testing Center University Registrar

Score Percentage:

Pass or Fail:

Course information

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

Course 1 Subject Area and Catalog Number: Credit Hours: Score Percentage: Pass or Fail: Test Date: Course 2 Subject Area and Catalog Number: Score Percentage: **Credit Hours:** Pass or Fail: Test Date: Course 3 Subject Area and Catalog Number: Score Percentage: **Credit Hours:** Test Date: Pass or Fail: Course 4 Subject Area and Catalog Number: **Credit Hours:** Score Percentage: Pass or Fail: Test Date: Course 5

Course 6

Subject Area and Catalog Number:

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

Credit Hours:

Test Date:

Test Date: Pass or Fail: