

REQUEST FOR DEPARTMENTAL EXAM

OLD DOMINION UNIVERSITY
Experiential Learning
138 Gornto TELETECHNET Center • Norfolk, VA 23529
Phone 757-683-6388 • FAX 757-683-6107

NAME: _____ UIN: _____

ADDRESS: _____

CITY/ST/ZIP: _____

TELEPHONE #: _____ DATE: _____

ODU EMAIL _____

INDICATE SEMESTER YOU DESIRE CREDIT: Fall Spring Summer _____ Year

ENTER COURSE NUMBER AND TITLE

CREDIT HOURS

STUDENT RESPONSIBILITY STATEMENT

1. **GENERAL RESPONSIBILITY**: I understand that it is my responsibility to ensure that the credits I earn through a departmental exam are applicable to my degree program and that I must meet the minimum residency requirements for an undergraduate or graduate degree at ODU. Experiential learning credit does not count toward the residency requirement.

2. **Financial Responsibility**: I understand that tuition charges for departmental exams through experiential learning are subject to the University's tuition policy and that the fee is non-refundable and not subject to financial appeal. Payment is due 24 hours after departmental exam testing. There is a 10% late payment penalty fee after 30 days. There is a 33.33% late payment penalty fee after 60 days.

Signature _____ **Date** _____

Please return this form to the Office of Experiential Learning.

OFFICE OF EXPERIENTIAL LEARNING

Date Received: _____

Date Sent to Cashier: _____

Staff Initials: _____