APPLICATION FOR TEST CREDIT

WSU Admissions Office  1137 University Circle   Ogden, UT 84408-1137  Fax (801) 626-6747

Full Name: ______________________________  W#: __________________________________
Signature: _______________________________  Birthdate: ________________________________

I am requesting the following credits be posted to my WSU record:

( )AP  ( )CLEP  ( )IB – International Baccalaureate  ( )DSST

A $10 non-refundable recording fee MUST be paid at the Cashier’s Office BEFORE the Admissions Office will accept this form. You can pay over the phone by calling (801) 626-8006.

Return the completed form to the Admissions Office in the Student Service Center Room 201

CASHIER’S OFFICE USE ONLY

Validation of Payment:

ADMISSIONS OFFICE USE ONLY

Date form was received: ___________________________  Received by: ___________________________
Date recorded in SHATRNS: _________________________  Recorded by: _________________________