

ALBANY TECHNICAL COLLEGE REQUEST FOR COURSE EXEMPTION

NAME: _____ STUDENT ID#: _____

PROGRAM: _____ DATE: _____

This document certifies that I am registering to take the following course exemption examinations.

Course Name & Number: _____

Course Name & Number: _____

My signature below indicates that I have received a copy of Albany Technical College's course exemption policy. I understand that a score of **80%** is required in order for me to receive course exemption credit. I am also aware that the exemption examination fees must be paid prior to the exam being administered and that the exemption examination fees are **non-refundable**.

Student Signature: _____

Note: Students desiring to exempt more than 18 hours of coursework in a semester must receive permission from the Vice President of Academic Affairs.

Approval Granted: _____ Approval Denied: _____

Signature of VP of Academic Affairs: _____

I verify that I saw the student's receipt for the following exemption examinations:

Course Name & Number _____ Passed/Failed _____ Credit Hrs. _____

Course Name & Number _____ Passed/Failed _____ Credit Hrs. _____

Course Name & Number _____ Passed/Failed _____ Credit Hrs. _____

Course Name & Number _____ Passed/Failed _____ Credit Hrs. _____

Examiner: _____ Date: _____

Course Exemption Fee Schedule:

1 hr. =	\$ 21.25	6 hrs. =	\$ 112.50	11 hrs. =	\$ 233.75	16 hrs. =	\$ 340.00
2 hrs. =	\$ 42.50	7 hrs. =	\$ 148.75	12 hrs. =	\$ 255.00	17 hrs. =	\$ 361.25
3 hrs. =	\$ 63.75	8 hrs. =	\$ 170.00	13 hrs. =	\$ 276.25	18 hrs. =	\$ 382.50
4 hrs. =	\$ 85.00	9 hrs. =	\$ 191.25	14 hrs. =	\$ 297.50		
5 hrs. =	\$ 106.25	10 hrs. =	\$ 212.50	15 hrs. =	\$ 318.75		