

Office Systems Technology Application for Credit by Examination

East Campus Business, IT, & Public Services Division Building 8, Room 105	Osceola Campus Career and Technical Programs Division Building 3, Room 319	West Campus Business & Hospitality Division Building 7 Room 107
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ALL INFORMATION MUST BE COMPLETED.

Completed application and original Business Office paid receipt must be returned to the campus division office offering the exam prior to the exam.

Name: _____ Valencia Student Number: V0 _____
(Please Type/Print)

Atlas Email: _____@mail.valenciacollege.edu Telephone: _____

I request permission to take the following OST credit by examination on _____.
(Date, Time)

Please check the course(s) for which you are seeking to take the exam:

- OST 1100 Keyboarding & Document Processing I--3 credits
- OST 1110 Keyboarding & Document Processing II--3 credits
- OST 1141 Computer Keyboarding--1 credit
- OST 1257 Medical Terminology--3 credits
- OST 1467 Intro to Body Systems for OST--3 credits
- OST 1611 Medical Transcription I--3 credits
- OST 2612 Medical Transcription II--3 credits

I will need accommodations approved through the Office of Students with Disabilities (OSD). Yes No

I have received an Information Sheet/Study Guide and have reviewed the information pertaining to this examination. I understand that to receive credit, I must be a student at Valencia College, pass the exam, submit a complete application and submit proof of fee payment. I understand that credit earned by examination for this course may not be acceptable for transfer to other institutions. If I wish to transfer this credit, it is my personal responsibility to contact the institution to which I am transferring and determine its policies regarding the acceptance of credit by examination credits.

No refunds are available for this examination.

Date

Student Signature

For Division Use Only

The above student has **PASSED** the Credit by Exam and will receive ____ credit hours for:

(Course Number)

(Course Title)

The above student has **FAILED** and will receive **NO** credit.

Posted to transcript _____ (date).

Date

Program Chair