

MISSISSIPPI UNIVERSITY FOR WOMEN

By-Pass Examination Application

Date: _____

Student's Name: _____

MUW ID: _____

Email: _____

Address: _____

Request to by-pass the following course:

_____ Course Title
Symbol/Number

I understand that by submitting this request for a by-pass examination that a \$125 application fee will be charged to my student account. This fee is an application fee which must be paid prior to the administration of the exam and is non-refundable.

Student's Signature: _____



Required Approvals:

Yes___ No___ _____
Instructor Date

Yes___ No___ _____
Department Chair Date

Yes___ No___ _____
Dean Date

Once approval is granted, this form must be submitted to the Office of the Registrar. The fee will then be posted to the student's account and a copy of the form will be forwarded to the instructor. The instructor will then contact the student and schedule a time for the by-pass examination.



The grade for this course is: () Pass () Fail

Instructor's Signature _____ Date: _____

Once the grade is assigned, this form must be submitted to the Office of the Registrar so the grade can be posted to the student's record. Note: Only grades of P are posted.