

## PRIOR APPROVAL REQUEST CLEP EXAM

Name:		Students: Submit this completed and signed form to your College Dean's Office, then submit the final
URI ID #:		form with your Dean's signature to the Coordinator for Prior Learning before registering for your exam.
URI E-mail address:		Contact
College:		
Major:		Zakary J. Pereira, M.B.A., Coordinator for Prior Learning Fannon Institute for Student Success
URI GPA (if applicable):		Roosevelt Hall 122 90 Lower College Rd. Kingston, RI 02881 USA Phone: (401) 874- 2973 Email: zakary_pereira@uri.edu
College-Level Examination Program (CLEP) Exam requested:		
Student signature:I	Date:	
By signing and submitting this form, you acknowledge and understand the following:  I have been provided with and understand URI'S CLEP policy (8.15.10-8.15.24).  The approval of my request to take a CLEP Exam does not guarantee an award of Cone CLEP exam mean approval for any other exams.  Any CLEP credit awarded will be Transfer credit (T) at URI and not counted in my GF major.		·
Academic Dean's Office signature:	_ Date: _	<del></del>
<u>Instructions</u> To complete this request, this form needs to be completed, submitted, and s CLEP exam, an individual request form needs to be completed as the re	•	
You may access URI's CLEP policy on the website and in the University Man	nual.	
Information about the <u>Academic Testing Center's</u> policies and procedures are	e availat	ole online.
Established URI course equivalencies for CLEP exams may be found on UR listed under "THE COLLEGE BOARD AP/CLEP".	RI's <u>Trans</u>	sfer Evaluation System (TES) website
Should you need any help in completing this form please reach out to the Co		or for Prior Learning and Career
Advancement Zakary Pereira, via <u>zakary_pereira@uri.edu</u> or call (401) 874-	-2913.	Office Use Only Received, Reviewed and Processed (initial):