

**Instructions:** Student must bring form to the University Registrar’s Office, 250 Student Services Building, with a photo ID.

Student Contact Information			
Name		ID Number	
Contact Phone	Contact E-Mail		
Current Major			

**Please read the following statements and complete the sections below:**

*I wish to decline credit for the course(s) listed below. I understand that courses so indicated will not become a part of my academic record.*

Source (Name of School or AP, IB, CLEP)	Department	Course Number	Credits

*I wish to reinstate previously declined credit for the course(s) listed below. I understand that courses so indicated will become a part of my academic record.*

Source (Name of School or AP, IB, CLEP)	Department	Course Number	Credits

Student Signature			
Signature		Date	

Administrative Use Only			
Approved and Processed by		Date	