



Non-Traditional Credit Request

CGCC Student ID # _____ Student Name _____

Students Mailing Address _____ Phone: _____

Degree/Certificate _____

Student Signature _____ Date _____

Please carefully read the following instructions:

1. All appropriate documentation (i.e. training records, certifications, official test scores) must be attached to this form unless they have already been sent directly CGCC. If sent to us they must be unopened documents. They can be mailed or brought to CGCC, 400 E Scenic Dr, The Dalles OR 97058
2. The signed and completed form must be submitted to the CGCC Student Services, either in person or by mail to CGCC, 400 E Scenic Dr, The Dalles OR 97058. The form may be emailed to studentservices@cgcc.edu if sent from your CGCC student assigned email for college students or high school email for high school students.
3. You will be notified via your MyCGCC email regarding the outcome of this request.
4. You must have an established CGCC transcript before non-traditional credit is awarded.

Subject Area Exams

- Check here to request college credit for **Advanced Placement (AP)** scores. (Official Test Scores required)
- Check here to request college credit for **College Level Examination Program (CLEP)** scores. (Official Test Scores required)
- Check here to request college credit for **Challenge Exam** scores. (Department Chair Signature and Test Scores required)
- Check here to confirm **Challenge Exam** document(s) with scoring and signatures are attached.

Description and proctor information regarding **Challenge Exam**: Final Score: _____ Minimum Passing Score: _____

Date: _____ Start Time: _____ Completion Time: _____ Test Proctor: _____ Signature: _____

FOR EVALUATOR USE ONLY

CGCC course equivalents to be posted to student's transcript:

Course Number	Course Title	Credit Hours

Department Chair Signature _____ Date _____