



### Application for Special Exam

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Course Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Are you currently enrolled in this course?  Yes  No (If yes, this course will be removed from your schedule)

Have you ever taken this course?  Yes  No (If yes, this course will be considered duplicate credit)

Are you taking the exam for:  Grade  Pass/Fail

Reason and Preparation for Exam:

Signatures/Approvals:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

To Be Completed By Department:

\_\_\_\_\_  
Department Chair/DUS/DGS Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Professor Administering Exam

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Professor

\_\_\_\_\_  
Professor's Email Address

Is this student enrolled and in good standing?  Yes  No Semester: \_\_\_\_\_

Grade Assigned:  A  B  C  D  E  Pass  Fail

When completed, the department will need to save/scan this form and email it to: [retha.roe@uky.edu](mailto:retha.roe@uky.edu)