University of Kentucky

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