

CLEP PERMISSION APPLICATION

Name _____ Student ID # _____

FSC Email Address: _____ FSC Ext # _____

Major _____ Date of Graduation _____

Pre-registered at FSC? _____ (In order to be granted CLEP approval, you must be pre-registered for the upcoming semester at FSC.)

Cell Phone _____ Home Phone _____

Permanent Address _____ City _____

State _____ Zip _____ Home/Personal Email Address _____

*During the semester – messages will be sent to your FSC e-mail – once the semester is over – messages will be sent to your home e-mail address.

List the title of the test(s) you are interested in receiving approval to take:

1. _____

2. _____

I understand the following:

- Upon completion of my test I will have scores sent directly to:

Florida Southern College
Office of the Registrar
111 Lake Hollingsworth Drive
Lakeland, FL 33801-5698

- Scores must be received by the Registrar's Office at least two weeks prior to graduation
- I must have a cumulative grade point average of at least a 2.0 at FSC when these test(s) are taken
- I must earn at least the minimum score for credits to be earned
- I cannot be granted permission to take any course in which comparable college work or more advanced work has been attempted, including "W"ithdrawals
- I must obtain permission of the Dean if I am within my last thirty-two (32) hours
- My final thirty-two (32) hours must be completed at Florida Southern College – if so I must obtain permission of the Dean
- CLEP credits are recorded as transfer credit and do not effect a student's grade point average

Signature _____ Date _____

If you have any questions – please call 863-680-4127 or email registrar@flosouthern.edu

Office Use Only

FSC Current GPA _____

FSC Current Hours Earned _____

FSC Hours Attempted _____

Total Hours _____

Pre-registered at FSC _____

Transfer Hours or AA Degree _____

Requested Clep Hours _____

Transcript(s) Coursework _____

Entered Computer ____/____/____ Initials_____