



CREDIT BY EXAMINATION REQUEST

RMTSCX_C

OFFICE OF THE REGISTRAR

901 12th Avenue
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Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

Student Signature: _____ Date _____

REQUIRED APPROVALS

Signature _____ Date _____

