SECTION I					
Student Name:	CR Student ID Number:		Address		Phone Number
***NOTE: This cou determination will b	•	•	•		•
High School Faculty	Recomn	nendation:			
Teacher's Printed Name		Signature		Contact Information	
High School	Course Title		Semester Comple		Course Grade
<b>SECTION II</b>					
CR Course	Unit Value		Exam Grade		Semester/Year
SECTION III			1		
Required College of the Redwoods Signatures: Date:					
Printed Faculty Na	ame				
Faculty Member's					
Signature					
Printed Dean's Na	me				
Dean's Signature					
		For office	e use only:		
Date approved	1:	ror office	e use only:		
Date added to student's transcript:					
Date copy sent to Tech Prep Coordinator:					
Date Denied:					
Reaso	,	one or more	11 7		
		ncomplete ap	plication. Redwoods app	alication	not attached
		Signatures mis		ncation	not attached.
		_	gible for Credi	t	

# **Directions**

#### Section I

- 1. High School Faculty and student complete.
- 2. Send completed Credit by Exam application to:

College of the Redwoods

Attn: CTE Dean

7351 Tompkins Hill Road

Eureka, CA 95501

Please attach the following:

a. Copy of the graded exam or agreed upon testing instrument. If this is for Health Occupations, then attach a copy of the student's CNA License

#### Section II

1. Completed by the Tech Prep Coordinator.

## Section III

- 1. Tech Prep Coordinator obtains all required signatures.
- 2. Once the student has enrolled in 1 course at College of the Redwoods the Tech Prep Coordinator sends the petition to Admissions and Records to have put on the student's transcript.

Questions regarding the procedure for Credit by Exam or about this form should be referred to the Tech Prep Coordinator.

## Contact:

Marla Gleave CTE Dean College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300 Phone 707-476-4341 marla-gleave@redwoods.edu