University Registrar Services
Email: courses@asu.edu

Request for AP Credit Adjustment

_____ _____
Name Date asu.edu Email

_____
ASU ID

Fall/Spring (circle one), year _____

I request to have my AP credit adjusted so that I may enroll in or stay enrolled in this ASU class(es):

_____
(Please list course prefix and number, i.e., CHM 101)

I understand that this will result in my AP credit being duplicated out of my record so that my ASU course may be retained.

_____
Signature Date

Note: Paper forms require an actual signature before processing will occur. An email to courses@asu.edu from your asu.edu email address with the information above will be accepted in lieu of this form and signature.

Updated: October 31, 2013
Credit by Examination policy: http://catalog.asu.edu/credit_exam

Student Services Building, Room 140
Phone: 480-965-3124