



**ENROLLMENT SERVICES**

**COLLEGE LEVEL PROGRAM (CLEP)**

Date \_\_\_\_\_

BHC ID \_\_\_\_\_ Name \_\_\_\_\_

Currently Enrolled:     Yes             No

List only the scores which meet the minimum requirements:

NAME OF EXAM	BHC COURSE	Score	Credits
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____



**BURSAR'S OFFICE USE**

Amount Paid \$ \_\_\_\_\_ (\$10 per course)      Date \_\_\_\_\_

Signature \_\_\_\_\_



**AUTHORIZATION TO POST TO ACADEMIC RECORD UPON PAYMENT OF FEES**

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Entered on Academic Record by (Initials) \_\_\_\_\_ Date \_\_\_\_\_